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Voters' Verdict on Health

CROSS-PARTY SUPPORT FOR PUBLIC HEALTH ACTION

November 2026

01 Forewords

For many years successive governments have talked about the need to shift the focus of healthcare away from treatment when a problem arises to preventing it from developing in the first place, where it is possible to do so. This is common sense. It enables people to live healthier, happier lives, improves health outcomes and reduces demand on acute services in the NHS.

Yet so often measures to do so – from interventions on smoking, car safety, food and alcohol – have been the centre of fierce ideological debates. Individual freedom and the 'nanny state' on one side; collective responsibility and protection from harm on the other.

This research shows that debates in Westminster along these traditional lines are well behind the views of the public. What actually sways opinion is not whether intervention constitutes an overreach from the state or not, but whether it will work and whether it is fair. If you can demonstrate that to the public, they are likely to support action.

This should give politicians and policymakers confidence that while people might make a lot of noise in the Westminster bubble about bold intervention on preventing ill health, there is widespread permission from the public to act, especially when coupled with a strong narrative on effectiveness and fairness.

Liv Walsham, Director of Social Policy, Public First

This research sends a clear message: the public is further ahead than the political debate. Voters across party lines support action to prevent ill health when it is practical, fair and effective. They understand the role that tobacco, alcohol and unhealthy food industries play in shaping health outcomes and are highly sceptical of claims that businesses can regulate themselves. Instead, they want health policy shaped by evidence, independent experts and the public interest, not vested interests. Politicians should be confident that there is public support for ambitious action that tackles the commercial drivers of ill health and creates healthier environments for everyone.

The public mandate exists for bold, evidence-based prevention. Government should act on it. The question now is when?

Caroline Cerny, Cross Risk Factor Lead at Action on Smoking and Health, the Alcohol Health Alliance and the Obesity Health Alliance

02 Executive Summary

Public First, commissioned by Action on Smoking and Health (ASH), the Alcohol Health Alliance (AHA) and the Obesity Health Alliance (OHA), explored voter opinion on the nation's health, the appetite for government intervention to support people to live healthier lives to prevent ill health and the role business plays in shaping people's health. The research included ten online focus groups in summer 2026 with voters from each of the five main political parties along with a short quantitative survey to collect wider data on the views expressed in the focus groups.

Across all five voter groups, our research found far greater shared support for public health policy to enable people to make healthier choices than political stereotypes suggest. Voters of every party see health as shaped by both individual behaviour and wider social influences, distrust large corporations in the food, alcohol and tobacco industries, place their faith in independent experts and frontline professionals when it comes to shaping health policy, and regard protecting children as the strongest justification for government action. This points to a broad consensus around prevention that politicians have yet to fully recognise.

Concerns around intervention versus personal freedom are now largely outdated. Support for intervention rests less on ideology than on whether policies are seen as practical, fair and effective. The strongest argument for public health intervention is a practical case that shows what harm is being addressed, why the measure will work and that it is fair and proportionate.

This suggests a public appetite for action that may be ahead of Westminster. The challenge for government is no longer to simply build public support for action, but to show the political leadership needed to turn this shared appetite for prevention into effective policy.

Key Findings (focus groups)

01 **There is cross-party appetite for government action to improve people's health.** Voters across the political spectrum support intervention on public health, both in principle and in practice. Voters across the political spectrum are more supportive of government action on healthy choices than 'nanny state' discourse assumes.

02 **While different ideological positions on state intervention do arise, they have little bearing on whether people support intervention in practice.** Labour and Green voters were generally more comfortable with intervention in principle. Conservative, Reform and some Liberal Democrat voters placed greater emphasis on autonomy and personal responsibility but often supported actions to improve health in practice, nevertheless.

03 **Confidence in the effectiveness of intervention increases support.** Voters support increases if they are confident a measure will change behaviour in the real world, be enforceable, minimise loopholes and reach the people most at risk.

04 **Cost and fairness are the second factor in increasing support.** Policies that show clear benefits while recognising the financial pressures facing households are more likely to resonate positively with voters, particularly in the current economic context.

05 **Voters believe in personal responsibility but not personal responsibility alone.** Across voter groups, adults were expected to take responsibility for their choices, but people think there are multiple factors affecting people's health and it's therefore a collective responsibility to enable healthier choices.

06 **Protecting children is the strongest mandate for government action.** Across the political spectrum interventions aimed at preventing harm to children and unhealthy habits forming were largely supported.

07 **Voters understand how companies and commercial industries shape the health environment intuitively and unprompted.** Participants readily described how advertising, social media, product formulation, price and availability shape health, especially for food and vaping.

08 **Businesses are not trusted to protect health voluntarily.** Food, alcohol and tobacco companies were assumed to put profit and shareholders first, exploit loopholes and comply only with the minimum required by law.

09 **Voters do not want to see those with vested interests playing a role in policymaking on health.** Participants wanted independent scientists, doctors, the NHS, charities and frontline professionals to shape public health policy, not companies with a financial stake.

Key findings (quantitative survey)

01 Two in three UK adults (65%) are concerned about the impact of the food and drink industry's products and marketing on children's health. That's twice as many as those who aren't (32%).

02 63% are concerned about the tobacco industry's impact on children's health and 58% are concerned about the alcohol industry.

03 For each industry, more people think the government is doing too little than too much to limit its impact on health: tobacco (35% vs 20%), alcohol (30% vs 19%) and food and drink high in fat, sugar or salt (32% vs 22%).

04 Almost six in ten (57%) want similar rules to those that limit tobacco companies' contact with government to apply to the alcohol industry and to companies selling food and drink high in fat, sugar or salt. Only 31% would keep the rules as they are.

05 Extending the rules has majority support among Labour (64%), Lib Dem (65%), Green (65%) and Conservative voters (57%), and more Reform voters back it than oppose it (48% vs 39%).

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03 Methodology

Action on Smoking and Health, Obesity Health Alliance, Alcohol Health Alliance commissioned Public First to undertake opinion research with voters in the UK to understand their views on public health, the appetite for government intervention and views on the role of business in shaping the nation's health, as well as exploring the voices they see as legitimate in policymaking.

Qualitative

Ten 75-minute online focus groups were held between 1 and 10 June 2026. Groups were defined by current voting intention and voting history. Two groups were held with people intending to vote for each of the five main political parties in the UK - Labour, Conservative, Reform, Liberal Democrat and Green - with eight participants in each. Within each pair of groups, participants were further differentiated by how they voted at the last general election, so that we heard separately from each party's core support and from the voters it has won or lost since 2024. In Ashfield, for example, the group was made up of people now intending to vote Reform who voted Labour in 2024. Each group was run in a single constituency, and recruitment controlled for socioeconomic grade, age, gender and employment status:

Labour

Swindon North – core Labour, voted Labour in 2024, BC1

Bolton West – core Labour, voted Labour in 2024, C2D.

Conservative

North East Hampshire – core Conservative, voted Conservative in 2024, BC1

Glasgow South West – switchers to the Conservatives, voted for another party in 2024, BC1C2.

Reform

Ashfield – Labour to Reform switchers, voted Labour in 2024, C1C2D

Thurrock – Conservative to Reform switchers, voted Conservative in 2024, C1C2D.

Liberal Democrat

Cheltenham – Labour to Liberal Democrat switchers, voted Labour in 2024, BC1

South Cambridgeshire – Conservative to Liberal Democrat switchers, voted Conservative in 2019, BC1.

Green

Bristol Central – Labour to Green switchers, voted Labour in 2024, BC1

Brighton Pavilion – core Green, voted Green in 2024, BC1.

Transcripts were analysed thematically to identify common and differing themes between groups. Key findings are set out in this report.

Quantitative

Public First conducted an online consumer survey of 2,050 UK adults from 2nd October to 5th October 2026. Results have been weighted to nationally representative criteria.

04 How voters think about public health and intervention

Key Finding 1: There is cross-party appetite for action to support people to live healthier lives

Voters across the political spectrum can support intervention on public health, both in principle and in practice. Political discourse assumes widespread opposition to interventions that could be seen to be too 'nanny state', but this research finds this assumption is often overstated. Instead, there is widespread support for helping people live healthier lives.

Across all five political parties, voters see a legitimate role for government intervention to improve people's health. In the focus groups, participants supported a mix of prevention, education, regulation and practical support, particularly where action protected people from undisputed harm, targeted children, reduced avoidable pressure on the NHS or required powerful companies to take greater responsibility.

> *"Everyone wants to have their own personal choice, but I also think there are people who need to be in groups of people that need to be protected. So, I'm all in favour of the government, or for us to be part of a state that acts more like a nanny state." – Male, 50s, Swindon North, Core Labour*

> *"I think there's definitely information out there, but I think there could possibly be more done to help people...I think we all know things that you maybe should or shouldn't do or what's kind of best for you, but you don't always necessarily make those decisions generally in life." – Male, 20s, North East Hampshire, Core Conservative*

> *"I'm naturally quite libertarian with these things… but then I also think if there's a cost benefit and it's good for the overall benefit of the country… that is a good thing." – Male, 30s, Bolton West, Core Labour*

"The idea that we live in a situation where we don't want our government or the state to be helpful and to be interventionist just doesn't seem to make sense to me. So I reject the term." – Male, 50s, Brighton Pavilion, Core Green

"We've just got to be a lot more interventionist. You can't go to the likes of a McDonald's and gently speak to them about taking the nation's health to heart. The only way you're going to really hit them is by imposing legislative penalties." – Male, 50s, Swindon North, Core Labour

Examples of successful historic public health interventions were given as evidence for ongoing government action to improve public health. For example, the indoor smoking ban and car safety.

"There are some wonderful government interventions, which I think we take for granted. And these things are really important. We wouldn't dream of having our kids rattling around on the backseat without being strapped in, for example. I mean, would anyone in their right minds bring back smoking in pubs? Would anyone say that you should drive 50 miles an hour in a town? There are loads and loads of things that government have done that have made our lives a lot better" – Male, 50s, Brighton Pavilion, Core Green

"I looked at advertising actually, I've got some old music papers from the '90s and they were full of cigarettes and I think they've done a lot, haven't they, to make smoking taboo and they're already moving to ban it [for] anyone under 18 in coming years [so they] won't be able to buy tobacco. So, I feel like smoking has been a public health concern." – Male, 40s, Ashfield, Labour < Reform Switcher

"I think the government has a role in every part of this sort of stuff, like legislating against smoking indoors or drinking below a certain age." – Male, 20s, Cheltenham, Labour < Lib Dem Switcher

"Before it came in, no one really would've dreamt that people would've been prevented from smoking in pubs and there was obviously a backlash and what have you, but the long-term benefits to public health has been fantastic." – Male, 40s, Bolton West, Core Labour

Support for policy interventions strengthened when voters understood the purpose and benefits of policy interventions, often outweighing any initial concerns about individual choice. Even voters who began from an ideological perspective on personal freedom or individual responsibility were often supportive of action in practice. This does not mean support is a blank cheque for any intervention, but that when measures are seen to be proportionate, effective and well-designed they are likely to enjoy public support across the political spectrum.

"A lot of those chronic illnesses could be prevented… So I think the government does have an obligation to step in and try and help people live better, healthier lifestyles so that they don't suffer long-term chronic illnesses and then become a burden on NHS." – Male, 40s, North East Hampshire, Core Conservative

"The idea of a nanny state is unattractive, although I think perhaps there are some things like the vape point that the government could do." – Female, 40s, Cheltenham, Labour < Lib Dem Switcher

"Some people will think they don't need the government to be interfering and telling them what to do in their lives. Whereas you would find that other people would be grateful of being educated towards the negative impact of alcohol and foods." – Female, 60s, Bolton West, Core Labour

Voters are most open to action when it is framed around an obvious problem and a proportionate and credible response with a clear public benefit.

"I like [minimum unit pricing] because it's not going to affect pubs and restaurants, that encourages people to go out more and have their drink there rather than having it at home. And for alcoholics, if they're going for the stronger things and it's more expensive, this is going to help possibly." – Female, 50s, North East Hampshire, Core Conservative

"I would just want to see how much effect...is it making to the cost of a bottle of decent whiskey or gin, which let's be honest, those aren't the things that are causing the problem. So, I think I'd just want some more detail, but if it doesn't really affect those or it's minimal and it really does affect these nasty, cheap beers and ciders and gets rid of those, then all for it." – Female, 40s, Bristol Central, Labour < Green Switcher

Key Finding 2: While different ideological positions on state intervention do arise, they have little bearing on whether people support intervention in practice.

Labour and Green voters were generally more comfortable with intervention in principle. Conservative, Reform and some Liberal Democrat voters placed greater emphasis on autonomy and personal responsibility but often supported action in practice nevertheless.

Party identity shaped the language people used and the starting point from which their views developed. Labour and Green participants were more likely to describe health as a collective responsibility and to think government should have an active role from the outset. Conservative, Reform and some Liberal Democrat participants were more likely to stress adult choice, personal responsibility and were more wary of the risk of government overreach in the abstract.

"There is a fine line between stepping in and giving people guidance and advice on how to live a better lifestyle and then the flip to the nanny state… telling people how to live or not live their lives." – Male, 40s, North East Hampshire, Core Conservative

"They should [intervene], but I do think there's a bigger part to play that a lot of people have said around personal responsibility and personal choices and I wouldn't want to exist in a country where the government stopped me doing things I chose to do." – Female, 40s, Cheltenham, Labour < Lib Dem Switcher

But these instincts did not predict the final judgement on a particular measure. The same participant could defend free choice in principle at the start of the discussion but go onto support intervention where they agreed with the intent and saw the intervention to be proportionate and effective. Many participants were holding two ideas at once; adults should take personal responsibility and retain personal freedom, but government should act where harm is obvious and doing so is proportionate.

"We do need free will. We should have our own choices. Although people can't be trusted, I think the new law they're bringing in about anyone born after 2009 can't buy tobacco products. I think I've read somewhere that's a good step forward. I don't think there'd be many people out there that would agree that smoking's healthy." – Male, 50s, Glasgow South West, Conservative

"If [policies are] going to make them healthy, then it's for their own good, isn't it? So you go back to the nanny state thing, the government interfering with your life, but are they interfering with it or are they trying to better it?" – Male, 50s, Bristol Central, Labour < Green Switcher

"I think this is a healthy level of the government intervention that we're talking about where we're not completely ruling it out, but we're just saying that there's some measures in place." – Male, 30s, Thurrock, Conservative < Reform Switcher

"Some people can enjoy it in moderation and some people can't and we've just got to use things like the government or education or the family to keep people safe from them." – Male, 20s, Cheltenham, Labour < Lib Dem Switcher

The main implication is that while some voters may be instinctively wary of government interventions, support for specific policies is often much more nuanced and relies on confidence in their effectiveness and proportionality rather than blanket ideological considerations.

Key Finding 3: Confidence in the effectiveness of intervention is the most important factor.

To understand voter's considerations when developing opinions on public health policy, participants were given information about three evidence-based policies to reduce harm from tobacco, alcohol and unhealthy food. These policies were:

- The Smokefree Generation
- Minimum unit pricing for alcohol
- Extension of the junk food advertising ban to end all junk food marketing at children

There was broad support for intervening in each of these areas with voters understanding and being supportive of the need to address the harm caused by these products.

> *"The main point is to stop children ever starting and getting addicted to smoking. How could anybody have an issue with that?" – Female, 40s, Bristol Central, Labour < Green Switcher*

> *''I think it's a positive step. I think particularly the sales of shop bought alcohol and the ease and access of it is frightening and we all like to have a drink, but the impact it's having on the health of the nation, I think it needs to be addressed. So, I think it's a good way to go.'' Female, 50s, Ashfield, Labour < Reform Switcher*

> *''I think it's good because children are influenced by advertising and what they see. So, if they're not seeing it, as if they're not seeing the burgers and the sweets and the specific thing, then they won't want it because they won't know about it. So I do think it will help.' – Female, 40s, Ashfield, Labour < Reform Switcher*

Effectiveness was the most consistent indicator of support across every voter group when discussing whether policy intervention was justified. Participants often agreed with the intention of a policy (e.g. trying to prevent young people from smoking) but support could be greater if they were confident in the effectiveness of the mechanism. For example, whether rules would be enforced, whether retailers or consumers could get around them and whether the intervention addressed underlying causes like addiction.

> *"I think it's [smokefree generation] a good idea in theory and I think it does show that the government is trying to do something and I'm not sure what else they could have done really, but whether it'll stop is a different thing... but I do think it's a good idea and I do think it's good that they're doing it and it does make it less available." – Female, 40s, Ashfield, Labour < Reform Switcher*

> *"I was going to say I support it [the junk food advertising ban]. I think it's a good initiative. I just think it just doesn't feel realistic." – Female, 30s, Swindon North, Core Labour*

> *"It [smokefree generation] is brilliant, and if you could actually do it, but you're never going to do that. It's not going to work." – Male, 60s, Swindon North, Core Labour*

> *"It'd be hard to police [smokefree generation]. And ultimately… it doesn't stop young people from smoking. It just means that they can't be sold to. So it's definitely a step in the right direction." – Male, 40s, North East Hampshire, Core Conservative*

> *"I can't see it really working. If you want to do it, you're going to do it." – Male, 60s, North East Hampshire, Core Conservative*

These practical considerations matter much more than any ideological views attached to intervention. Measures that felt symbolic, outdated or easy to evade have less support. Conversely, voters who were instinctively cautious about state action can support a measure where they can clearly make the link between the need for intervention, its effectiveness and a good outcome.

"Not everyone has a problem with alcohol, not everyone has a problem with fast food. I enjoy having a drink and eating out…I think the government could help more potentially, because obviously things like drink, smoking leads to addiction, which obviously people then need help with that from the NHS." – Female, 40s, Cheltenham, Labour < Lib Dem Switcher

"This kind of thing would be good for the average person, but not for the addict who relies on alcohol to survive. They're still going to buy it regardless of how much it costs." – Male, 30s, Thurrock, Conservative < Reform Switcher

"I think the TV restrictions are a waste of time because I don't know any weans that watch tele anymore." – Female, 40s, Glasgow South West, Conservative

"Making it difficult is always going to be helpful, isn't it? […] Yes, they can get someone else to buy it and so not, but it's just not as easy and straightforward, so they may well just stay away from it." – Female, 40s, Bristol Central, Labour < Green Switcher

Key Finding 4: Cost and fairness are the second factor in increasing support.

Policies that show clear benefits while recognising the financial pressures facing households are more likely to resonate positively with voters, particularly in the current economic context.

The cost-of-living crisis was the dominant context in which participants thought about health. Healthy food, gym memberships, sport, time to cook and other features of a healthy lifestyle were described as increasingly unaffordable. Despite some voter groups placing importance on personal responsibility, less healthy choices were often seen in the context of limited money, time and access.

"The poorer people are, the poorer their health choices tend to be… It feels almost like a luxury to be thinking about making healthy food choices." – Male, 30s, Glasgow South West, Conservative

"Everything you read is just like prices are going up, prices are rising, whether it be alcohol, food, electricity bills, gas bills, it just feels like everything's going up… it's just another hit." – Male, 30s, Bristol Central, Labour < Green Switcher

"I think it's difficult if you're on a very tight budget to eat healthily. We are at the mercy of the supermarkets. Wouldn't it be great if fruit and veg was subsidised?" – Male, 40s, Bolton West, Core Labour

"It's all well and good to say we need to be healthy. We need to eat a lot more fruit and vegetables, eat less processed foods, but it's down to affordability as well." – Male, 50s, Swindon North, Core Labour

"It's survival mode. They're living on a day-to-day basis and it's whatever the food banks got to offer. It's not always the healthiest choice." – Female, 30s, Glasgow South West, Conservative

Whilst offering a basis for government intervention to support healthier choices, this made voters alert to the distributional effects of intervention. Participants emphasised the importance of policies that recognise pressures on household finances, are fair, and make healthier choices easier and more accessible

"The people who earn the most are going to be able to absorb this. People at the lower end of the scale [won't be able to] afford to have a glass of wine on an evening after a hard day's work." – Female, 30s, Swindon North, Core Labour

"I think those decisions are easier to make whenever we're doing well economically. So, in terms of putting restrictive policies and things like that in place for the good of the public health, it's a bit easier for people to get behind whenever there feels like there's a surplus." – Male, 30s, Glasgow South West, Conservative

"It's getting the balance, isn't it? Because if you absolutely trash the economy, then unfortunately everything else does tend to go with it. People don't have so much money, so they're not so happy. They may not make such good choices with regards to food because they can't afford it." – Female, 40s, Bristol Central, Labour < Green Switcher

These economic concerns do not amount to a veto on action. Participants recognised that poor health also carries costs for the NHS, productivity and the wider economy but policies need a clear account of who pays, who benefits and why the approach is fair to enjoy maximum support.

"If they save money with public health, they'll spend it elsewhere. I don't think there'll be any knock-on effect. What we'll probably see after they fix public health, we'll see a better service. I think you'll maybe see a GP same day instead of two days later, you might see a dentist the same week instead of three years later." – Male, 50s, Glasgow South West, Conservative

"Every time you go into hospital, even if it's for something small, you're costing NHS money. If you're not looking after yourself and you have bigger issues down the line, that's another hospital bed taken that could have been going to somewhere else who needs it more." – Male, 30s, Thurrock, Conservative < Reform Switcher

"The NHS budget, whatever it is now, 200 billion pounds a year is a massive proportion of taxpayer [money]... So, if [we had] fewer people in hospital...less operations [then] it should free up money in the NHS budget." – Male, 50s, Swindon North, Core Labour

Key Finding 5: Voters believe in personal responsibility but not personal responsibility alone.

Across voter groups, adults were expected to take responsibility for their choices, but people think there are multiple factors affecting public health and it is therefore a collective responsibility.

Personal responsibility was important in every voter group and was particularly prominent among Conservative and Reform voters. Participants often argued that adults already know the risks associated with smoking, excessive drinking and unhealthy diets, and choose to do so anyway. They wanted individuals to retain agency and to take reasonable responsibility for their own decisions.

However, despite strong views being expressed about personal responsibility, many participants went on to recognise the wider determinants of health. Participants described the effects of poverty, stress, long working hours, loneliness, addiction, culture, peer pressure, commercial marketing and limited access to practical support. These factors were seen as shaping the choices available to people and their capacity to act on health advice.

"I think if you want to drill down to it, you could go quite deep because even just looking at a working culture as well, a lot of people have nine to fives, a lot of people work jobs where they work maybe 12 hours, 60 hours a week or 12 hours a day. And the kind of toll that takes on the body…" – Male, 30s, Thurrock, Conservative < Reform Switcher

"I actually think there's a lot of information around diet, smoking, alcohol, but there's nothing to support the people who are struggling with that." – Female, 30s, Ashfield, Labour < Reform Switcher

"They're using cheaper, cheaper ingredients…Pringles as well, they're designed so that you eat more because your body just wants you to eat. That's why they're addictive…So your body's just saying, "Give me more." So what they put in it and how they manufacture it is a big thing on what makes you eat more or it's bad quality stuff." – Female, 50s, North East Hampshire, Core Conservative

"If you're unemployed, there's a strong chance that you're probably not going to be making the healthiest choices when you go and buy things in the supermarket, for example, just because you buy what you can afford." – Male, 50s, Brighton Pavilion, Core Green

"Stress is a major factor in all health matters. It can drive people to addiction. It can make them unhealthy without even having excesses in their diet or their lifestyle" – Male, 40s, Ashfield, Labour < Reform Switcher

The consensus view was one of shared responsibility with individuals making healthier choices, government preventing harm, regulating where necessary and providing support, and businesses being accountable for the environments and products they create.

> *"It's a broader picture around what the government are doing… to look at prevention and also working with communities to look at what's accessible for different groups of people in relation to preventing and maintaining people's wellbeing and health." – Female, 40s, Brighton Pavilion, Core Green*

> *"They should support people, but it's different things. It's prevention, it's regulation and it's education, probably an equal measure." – Female, 40s, Cheltenham, Labour < Lib Dem Switcher*

Key Finding 6: Protecting children is the strongest mandate for government action.

Across the political spectrum interventions aimed at preventing harm to children and unhealthy habits forming among them were largely uncontroversial.

Intervention to protect children was well received across every voter group. Participants who were cautious about restricting adult choices were much more comfortable with action designed to prevent harm to children or unhealthy habits becoming established early. Children are seen as less able to judge risk, more susceptible to peer pressure and marketing, and more deserving of protection from unhealthy products designed to attract them.

> *"Anything that'll help kids, reduce obesity, unhealthy food, I'm up for." – Female, 40s, Bolton West, Core Labour*

> *"Like what the government's saying with Instagram, with the under 16s…they should have that with health as well." – Female, 60s, Thurrock, Conservative < Reform Switcher*

> *"There's a lot of benefits to living in an open and free democratic society, but I would argue that there are people in our society that don't really know what's best for them… particularly young people, children who perhaps don't have the knowledge or are old enough or mature enough to make the right decisions." – Male, 50s, Swindon North, Core Labour*

> *"I've got teenage kids… As a parent, it's a great feeling to know that that is just never going to be an issue for them [smoking]." – Female, 40s, Cheltenham, Labour < Lib Dem Switcher*

Participants thought that the government's role here was to support parents to encourage healthy choices for their children. Participants saw a role for schools, education, age protections, healthier environments and limits on marketing for unhealthy products. Interventions were especially acceptable when they reduced the likelihood of forming unhealthy habits before they began.

"Ultimately the public health benefits from this are massive. If I think of having kids in the future, it's nice to know that they wouldn't be able to buy cigarettes." – Male, 20s, Bolton West, Core Labour

"A lot harder for the kids to beg for things that they don't see often." – Male, 30s, Thurrock, Conservative < Reform Switcher

"I think we talk about education to the younger generation is like what we've sort of been saying constantly throughout here. So, I think it starts with that, doesn't it, in terms of the children and then their education needs to continue as they get older." – Female, 30s, Ashfield, Labour < Reform Switcher

Voters also think that policy intervention in this space should reflect children's actual environment. Participants repeatedly referred to social media, influencers, colourful packaging and vaping, suggesting that child-focused action must keep pace with the channels and products young people encounter now.

05 The role of businesses in shaping health

Key Finding 7: Voters are aware of how big businesses can influence health and make it harder to be healthy.

Participants readily described how advertising, social media, product formulation, price and availability shape health, especially in food and vaping.

While the technical term ‘commercial determinants of health’ was not raised organically, voters described the concept of companies shaping the nation’s health unprompted. Voters readily identified the ways in which companies shape what people see, buy and consume. Food was the most immediate example, but vaping and other products marketed to younger people were also raised repeatedly.

Voters gave examples of marketing and advertising budgets, social media and influencers, supermarket placement, delivery platforms, colourful packaging, cheap availability and products presented as healthy through claims such as added protein. Participants understood that these influences do more than provide information but also structure the environment in which choices are made.

> *“We’re subjected to adverts, we’re constantly being sold stuff to consume.” – Male, 40s, Bolton West, Core Labour*

> *“You turn on the telly and there's an advert, isn't there, for a takeaway or fast food? I know they've reduced the amount of adverts for Coca-Cola and things, but every time you've got the tele on there is an advert for some sort of processed food or something like that, your kids are just constantly exposed to it.” – Male, 40s, Cheltenham, Labour < Lib Dem Switcher*

"I don't think companies are honest unless they absolutely have to be…otherwise they'll put anything to sell anything to make profit basically. I find it quite upsetting at the moment the way that the vapes and certain alcoholic things are sold in all the news agents and things and clearly targeted at kids, just clearly targeted at underage people who shouldn't be buying them." – Female, 40s, Brighton Pavilion, Core Green

"The snack industry, the biscuits, the crisps, the sweets is so huge. And of course, they've got a huge amount of money behind them… it's just so readily available and relatively cheap, I suppose." – Male, 60s, Bristol Central, Labour < Green Switcher

"McDonald's, KFC, Burger King, all the fast-food things. And it's so easy these days to order delivery, you just get it delivered to your door. And a lot of people aren't even going to the vendor to buy the products and that." – Female, 60s, Bolton West, Core Labour

"They've got the money; they've got the advertising. They're just pushing products all the time and it's going to direct people, isn't it?" – Male, 50s, Ashfield, Labour < Reform Switcher

"Well, if a product says 'healthy' on it, you know that it's not." – Male, 60s, Bristol Central, Labour < Green Switcher

"Bigger national or multinational chain restaurants, they're using social media very cleverly… They're on TikTok, they're seeing they're being influenced by something they've seen." – Male, 50s, Swindon North, Core Labour

Key Finding 8: Businesses are not trusted to protect health voluntarily.

Food, alcohol and tobacco companies were assumed to put profit and shareholders first, exploit loopholes and comply only with the minimum required by law.

Across every voter group, businesses across the food, alcohol and tobacco industries were seen as very unlikely to place public health ahead of sales, profitability or shareholder returns. Even where businesses were seen as having responsibilities in a moral sense, there was little belief that they would meet those responsibilities voluntarily.

"I think we're really naive to think that these companies are ever going to do us a favour or do anything out of the goodness of their hearts. They're profit driven. Even when they're forced to undertake certain things… they're always going to do just enough and no more." – Male, 30s, Glasgow South West, Conservative

"I think as a business, all they want to do is make a load of money, whether you like it or not. So, they're going to jump through every single loophole all the way until they push the product to sell. It's all about the money, isn't it?" – Male, 50s, Ashfield, Labour < Reform Switcher

"They're just interested in how much profit they can make irrespective of the impact that's going to have long-term on the national health." – Female, 50s, Ashfield, Labour < Reform Switcher

Companies were assumed to follow the letter rather than the spirit of regulation, to look for loopholes and to make the minimum changes needed to remain compliant. Some saw this as a moral judgment on those companies and thought they should have some responsibility for protecting public health, while others suggested that ultimately businesses are there to make a profit for their shareholders and they shouldn't be expected to do more than meet their obligations. In other words, some participants felt these industries should do more to protect public health of their own volition but wouldn't, whilst others thought that they shouldn't be expected to do more than they have to. What united both viewpoints was that government should step in to regulate, whilst being mindful of upward pressure on pricing.

"Their number one obligation is their shareholders and profitability… Our health isn't a priority to those organisations. Profitability is a priority." – Male, 40s, North East Hampshire, Core Conservative

"They're ultimately a business and they're just ticking the boxes that the government make them tick." – Female, 50s, South Cambridgeshire, Conservative < Lib Dem Switcher

"If everyone wants sugary drinks, they will carry on making them… They don't really have any moral obligations other than just to work within their legal remit." – Male, 50s, North East Hampshire, Core Conservative

Key Finding 9: Voters do not want to see those with vested interests playing a role in policymaking on health.

Participants wanted independent scientists, doctors, the NHS, charities and frontline professionals to shape public health policy, not companies with a financial stake.

Unsurprisingly given their views on the profit-first nature of the food, alcohol and tobacco industries, voters do not think those with a financial interest in the sale and consumption of unhealthy products should be able to influence government health policy. Participants drew a clear distinction between independent health expertise and entities whose profit depends on the products being regulated. Companies with a direct financial stake were seen as structurally conflicted with voters assuming they would use access to government to weaken proposals, protect sales or shape the evidence in their favour.

"[I don't want] anybody with investments involved or money involved [in government decisions]. I just want independent people." – Female, 30s, Swindon North, Core Labour

"The last people you should be consulting on a policy that's going to make them less money is those people that it's going to make less money for." – Male, 20s, Cheltenham, Labour < Lib Dem Switcher

"I think lobbyists for big corporations, they absolutely should not be able to influence it, but obviously they pay enough money through backhanded deals that they get listened to." – Male, 30s, Thurrock, Conservative < Reform Switcher

"These multimillion companies, these FTSE 500 companies that are then taking over everything. They've got shares in most things then, and they're just going to push legislation through or bypass things." – Male, 30s, Glasgow South West, Conservative

The voices seen as legitimate were those thought to be independent, evidence-led or close to the consequences of poor health. Scientists, doctors, nurses, the NHS, health charities, dieticians, food standards bodies and frontline professionals were repeatedly named. These groups were trusted not because participants believed they were infallible, but because they were seen as having fewer commercial incentives and more direct knowledge of harm.

"I don't think any corporate companies should be doing it. It should have independent bodies, really, and medical professionals." – Male, 60s, North East Hampshire, Core Conservative

"There should be a more science-based approach, I would say scientists." – Male, 40s, Thurrock, Conservative < Reform Switcher

"I think they should canvas the grassroots really. I think they should talk to nurses who are in the wards… people on the ground floor on that grassroot level that have no agenda." – Female, 40s, Cheltenham, Labour < Lib Dem Switcher

"I think the biggest thing is there's got to be impartiality. They can't be connected to any of these larger organisations." – Male, 30s, Glasgow South West, Conservative

06 Conclusion

The central finding of this research is positive for those making the case for public health action. Across all five voter groups, there is clear permission for government to act, provided the case is practical, fair and visibly aimed at preventing harm. Arguments about the 'nanny state' are far less of a barrier for support than is often assumed.

What determines support is more practical than ideological. Voters need to be confident that the measure targets the right harm, that it can be enforced, that loopholes are minimised and that it reaches the people most at risk. Cost and fairness come second, especially in the current economic climate.

Voters hold personal responsibility and collective responsibility together rather than choosing between them. Adults are expected to own their choices, but participants readily described the effects of poverty, working hours, stress, addiction, marketing and access on what those choices actually are. Protection of children is the single strongest justification for action. Interventions designed to prevent addiction or unhealthy habits taking hold early were largely supported in every group, including among voters otherwise wary of restrictions on adults.

Talking about the commercial determinants of health is fertile ground for cross-party agreement. Participants described how advertising, social media, product formulation, pricing, placement and availability shape what people eat, drink and consume, with food and vaping the most immediate examples. They do not expect food, alcohol and tobacco companies to put health before profit voluntarily, and they assume those companies will follow the letter rather than the spirit of regulation. That distrust translates directly into a view about who should shape policy namely independent experts, not those with a vested interest.

While there are some differences between voter groups in their starting point, this should not be overstated. Labour and Green voters are easier to persuade on principle while Conservative, Reform and some Liberal Democrat voters need more reassurance on proportionality, delivery and cost. Yet every group returned to the same questions: will it work, who pays, is it fair, and is it enforceable. These are the factors that really sway public opinion on public health intervention.

Appendix: Polling data

Voter demographic is based on vote intention.

	National average	Conservative	Labour	Lib Dems	Green	Reform
% of people saying they are very or moderately concerned about the impact of products and marketing from the following types of industries on the health of children and young people in the UK?:						
The tobacco industry	63%	67%	69%	72%	65%	56%
The alcohol industry	58%	61%	63%	62%	63%	50%
The food and drink industry	65%	62%	74%	68%	69%	58%
% of people saying they think the Government is doing too LITTLE to limit the impact of the following industries on people's health						
The tobacco industry	35%	34%	33%	36%	43%	31%
The alcohol industry	30%	27%	29%	34%	42%	27%
The food and drink industry	32%	30%	34%	36%	40%	24%
% of people saying they think the Government is doing too MUCH to limit the impact of the following industries on people's health						
The tobacco industry	20%	17%	24%	16%	17%	25%
The alcohol industry	19%	18%	21%	15%	14%	22%
The food and drink industry	22%	21%	21%	14%	26%	31%
There are rules that limit how much contact tobacco companies can have with government, to stop them influencing health policy. % of people who want similar rules to apply to alcohol companies and companies that sell food and drink high in fat, salt or sugar.						
Alcohol and HFSS food and drink companies	57%	57%	64%	65%	65%	48%

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