

SOCIAL MARKET FOUNDATION - WRITTEN EVIDENCE (FDO0042)

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About this evidence

This submission draws in particular on the SMF report [*Carrots and Sticks: Can governments do without public health regulation?*](#), published last July. That report tried to draw lessons from international policy and practice (Q9), to identify the impact of policy tools and measures (Q11-12), and also to understand how public health regulation has functioned in comparable related areas to obesity, including tobacco, alcohol and gambling.

Specifically, our report sought to compare the pros and cons of more or less 'interventionist' approaches to public health regulation across these policy areas.

The submission answers the following questions of the inquiry:

1. Lessons learned from international policy and practice, and from the devolved administrations, on diet-related obesity prevention.
2. The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity.
3. The impact of recent policy tools and legislative measures intended to prevent obesity.
4. Policy tools that could prove effective in preventing obesity amongst the general population, including those focused on the role of the food and drink industry in tackling obesity.

Submission

- 1. There is, in general, a trade off between more effective and interventionist public health measures and their perceived political feasibility**
2. The stylised conceptual diagram (Figure 1) below summarises our finding that, in general, there is a trade-off between policies that are more effective at improving public health and policies that are seen as more politically straightforward to implement (those policies that are more targeted and perceived to impinge less on personal freedoms). The most effective policies tend to make harmful commodities more expensive (eg higher taxes) or less easily available (eg restrictions on place of sale).
3. Individual-level interventions (eg incentive payments for healthy behaviour or subsidised treatment) are more amenable to experimentation and so tend to have more robust evidence behind them, whereas population-level interventions tend to be reliant on less reliable observational studies and modelling. Yet population-level interventions have a bigger impact, because they treat an entire population all at once, and as such tend to be cheaper and more cost-effective.

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

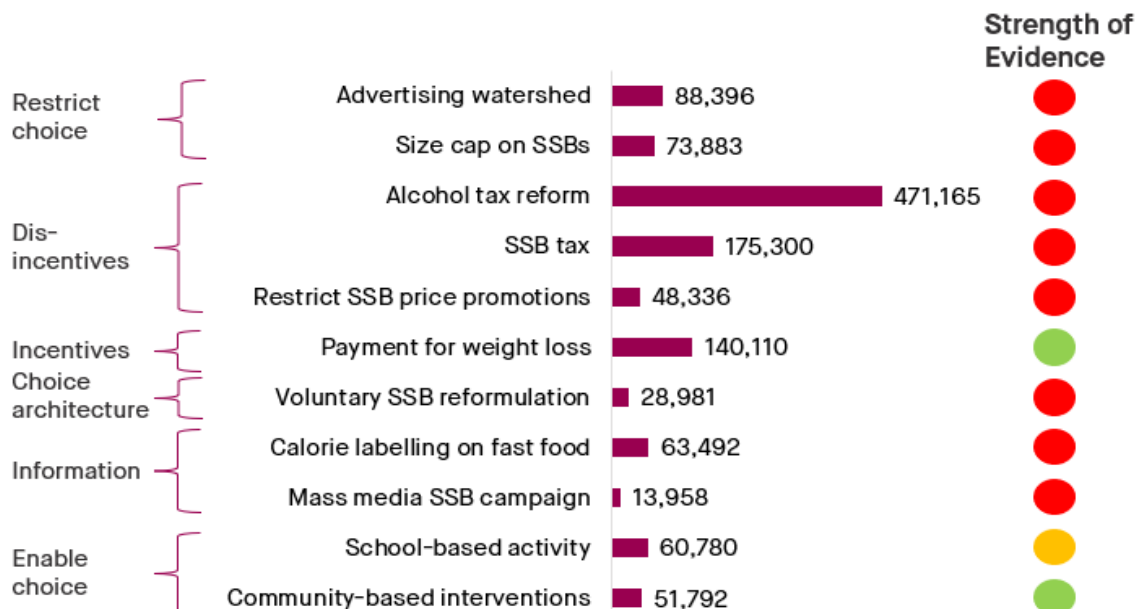


Source: SMF analysis

4. Modelling from Australia highlights the trade-off for obesity

- The [ACE-Obesity study](#), an Australian priority-setting project assessing a range of policies for effectiveness and cost-effectiveness, is the best guide to relative effectiveness of different obesity policies we have encountered. While the estimates it generates may not translate perfectly to the British context – and critically, the policies we would want to examine in our political context may not all be included – we would expect the UK to be similar enough that it offers a reasonable idea of how different types of intervention compare.
- The study reviewed the evidence base behind each policy and, for those with strongest evidence of effectiveness, modelled the expected size of their impact on population health (in terms of 'health adjusted life years' saved).
- Figure 2 below summarises the findings. The first thing to notice is that the strength of evidence for most of the policies is categorised as low. This should not be taken to mean that most policies are ineffective, or unlikely to work on the balance of probabilities. It merely reflects the reliance on observational research, given the practical difficulties of running experiments with obesity policy.

Figure 2: Estimated Health Adjusted Life Years saved by policy in



Australia

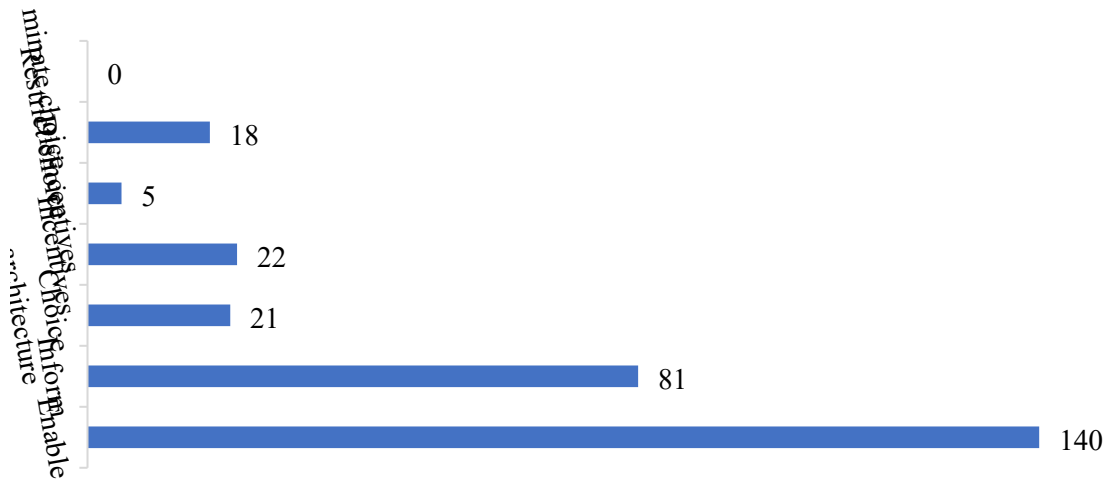
Note: SSB = sugar sweetened beverage

Source: Deakin Health Economics, [Assessing Cost-effectiveness of Obesity Prevention Policies in Australia](#)

8. The upshot is that individual-level interventions – things like incentive payments for losing weight and weight management programmes – actually have the strongest evidence behind them, because they are amenable to randomised controlled trials. New weight loss drugs such as semaglutide, which appear to have significant potential to help address obesity, were not covered by the study, but would also fit into this category.
9. However, just because the evidence is stronger does not necessarily mean that individual interventions are more effective than population measures. In fact, the ACE-Obesity study finds that on average, regulatory interventions saved 1.7 times as many health adjusted life years as programme-based interventions. In other words, while we can be less certain that population-wide measures work, if they do work, we should expect them to have a bigger effect.
10. To a large extent this is because we can reach many more people at a time with population-wide interventions. Levying taxes or regulating marketing affects tens of millions of people at a stroke. By contrast, with individual interventions we have to engage people one at a time. This also contributes to the fact that regulatory interventions tend to be cheaper. Indeed, in some cases (notably taxes) they can bring in revenue for the government. As a result, population measures tend to be considerably more *cost-effective* than individual ones.
11. Further, it is worth noting that the most effective individual-level interventions tend to involve treatment rather than prevention. All else equal, that makes them less desirable. Given the harms associated with obesity, it would be better if people did not have to experience it all, than to wait for them to develop it and then reverse it.
- 12. Yet UK government obesity policy has prioritised less effective and less interventionist measures**
13. [Theis & White](#)'s analysis of government obesity strategies in England between 1992 and 2020 highlights the mis-prioritisation of relatively ineffective measures. It went through the strategies and categorised policies in terms of their place on the Nuffield ladder of intervention, a framework running from more interventionist and effective measures at the top to more lax and ineffective measures at the bottom.
14. The study found no examples of policies that entirely eliminate choice, relatively little use of disincentives like taxes and a

few measures that aim to restrict choice (e.g. regulating promotions). By contrast, the vast majority of policies attempted to enable choice (e.g. providing vouchers for fruit and vegetables) or inform it (e.g. public awareness campaigns). In other words, policymakers have been far more comfortable towards the bottom of the ladder of intervention. (see Figure 3)

Figure 3: Number of policies of each type in England Government obesity strategies, 1992-2020



Source: Theis & White, [Is Obesity Policy in England Fit for Purpose? Analysis of Government Strategies and Policies, 1992-2020](#); SMF analysis

5 April 2024