Understanding the Justifications for Food Policies through Political Theory

A Method for Public Policy Analysis



Owen Thomas

St Catherine's College

Nuffield Department of Population Health

University of Oxford

A thesis submitted for the degree of

Doctor of Philosophy

Trinity 2024

Supervised by **Dr Mark Sheehan** & **Dr Mike Rayner**

Thesis Abstract

High-in-sugar foods and beverages increasingly contribute to non-communicable diseases worldwide. While the proportion of deaths and illnesses due to NCDs has increased globally, the causal burden now increasingly falls on diet. In response to this, states have gradually introduced policies to curb sugar consumption, ranging from restrictive interventions like bans, to high-agency interventions like awareness campaigns. The implementation of these interventions raises many ethical questions and dilemmas. For instance: what are the effects of certain policies on the liberty of those subject to them? Is paternalism justifiable when it comes to nutrition? What are the impacts of such interventions on health equity or free choice? In addition, the vast socio-political and cultural differences within the countries in which these interventions are used also pose some ethical questions. We might ask, for example, whether the socio-cultural context of one country is such as to make a particular policy acceptable, where it would not be in another country. Reflecting on these ethical issues is key to understanding the justifiability of food policies. In light of some of these issues related to food-policymaking, this project builds on the method of *engaged philosophy* to attempt to provide answers to these issues, through political theory. In other words, this thesis addresses the following question: How can looking at political theories help us understand the justifications for food policies?

I examined five case studies of sugar reduction interventions. These include: the vending machine ban in schools in France; the front-of-pack labelling law in Chile; the various taxes and tariffs on sugar in a number of Pacific Island countries; the sugar-related information campaigns in New York City; and finally, the new restrictions on the placement of high-in fat, salt and sugar foods in supermarkets in the UK. Following the development of a revised method of *engaged philosophy*, I analysed these different case studies through the political theories of Perfectionism, Liberalism and Communitarianism. In doing so, I identified a set of key elements linked to the justifications of public policies, namely: the role of culture in policy determination; questions of equity promotion; liberty and its potential infringement; and finally, paternalism in public health. The rationale for looking at these concepts in relation to specific case studies was to ground the philosophical analysis in real-world contexts, to improve our understanding of the justifiability of policies in ways that are useful to practice.

The analysis of these topics led to the creation of a series of claims related to the ethics of sugar interventions, notably: that thinking about culture and the values instantiated in specific cultures is important when thinking about justifying policies; that we should re-frame debates around equity to focus on groups and communities; that different conceptions of liberty are useful to a different extent depending on the policy context; and that there are good reasons to embrace paternalistic interventions in health. Overall this ethical analysis provides an illustration of how the use of the method of *engaged philosophy* can be applied to policy practice. The work in this thesis demonstrates that political theories can be more systematically integrated in the analysis of public policies to help inform and find solutions to specific problems. In addition, it highlights that while theory is relevant to practice, looking at practice also has much to offer to political theories, particularly where these are too far removed from real-world contexts or fail to address key ethical issues. Overall, this work hopes to have contributed to the literature on the ethics of sugar reduction policies, on political theories and their practical applications and provided a method that can be useful in policy analysis.

Acknowledgements

Writing this thesis was a difficult task. However, it was made easier by the support of many people, to whom I am greatly indebted. As such, I would like to thank everyone who has made this work possible and supported me in more ways than many over the years.

Firstly, I would like to thank my two supervisors, Mark Sheehan and Mike Rayner, for their invaluable help throughout this project. I have learnt so much from our discussions during the *many* supervision meetings we have had. You have constantly challenged me to improve academically and made the experience of writing this thesis so much more enjoyable. Its completion would certainly not have been possible without your ideas and comments. I have stood on the shoulders of two giants during this DPhil, whom I cannot thank enough.

Secondly, I wish to thank the staff at the Nuffield Department of Population Health who have contributed to making this work possible, in particular those at the Ethox Centre and the (former) WHO Collaborating Centre on Population Approaches for Non-Communicable Disease Prevention. I also kindly thank Jonathan Wolff, Jean Adams and Peter Scarborough for having served as assessors during this DPhil and whose feedback has helped improve this thesis.

Thirdly, I am very grateful to my family for their constant support during and outside of this project. I would not have been able to undertake this thesis without everything I have learnt from you. Thank you to Valérie Docher, Mark Thomas, Nathalie Louisgrand, Alex Thomas, Viviane Docher, and to my grandparents who were not able to see the completion of this thesis: Irene Wood and Guy Docher. Thank you also to all the others who have been closest to me during this time, for all our discussions and the joy shared together: Bastien Billiot, Adam Cieslak-Jones, Emma Geldman, Rahul Gupte, Calum Hoare, Sawsen Le Toullec, Dónal McSweeney, Mathieu Perraud, Cordelia Sheridan and Yue Zhang. To all of you, I hope I can give back to you as much as you have given me.

Finally, thank you to Joseph Raz, whose writings inspired much of the work in this thesis and revived my interest in political philosophy.

Table of Contents

Contents

Thesis Abstract 3

Acknowledgements 5

Table of Contents 6

Index of Abbreviations 10

Note on Translations 11

Use of the Term "Sugar" 12

Chapter 1 – Public Policy and Political Theory 13

NCDs, Obesity and Diets 13

Food Policies and Ethics 15

Political Theories 16

Liberalism/Libertarianism 16

Perfectionism 18

Communitarianism 20

Theory and Practice 21

Chapter 2 – Methodology 23

Purpose of the Chapter 23

Literature Review of the Political Theory 23

The Case Studies 24

The Problem of Political Theory: The Method of Engaged Philosophy 27

A New Method to integrate Theory into Practice 28

Chapter 3 – France: Vending Machine Bans 40

Introduction 40

Overweight in France and Europe 41

Vending Machines and Obesity 42

Health and Cultural Arguments for the Ban 43

Responses to the Ban 45

Schools and Industries 45

Media 46

Conclusion 48

Chapter 4 – Chile: Front-of-pack Labelling 49

Introduction 49

Sugar and Obesity in Chile 50

The Policy and its Impacts 53

Equity 57
Industry Pushback 58
Media and Institutional Responses 59
Conclusion 63
Chapter 5 – Pacific Island Countries: Taxes & Tariffs on Sugar 64
Introduction 64
Obesity in the Region 65
Trade 69
Taxes and Tariffs 72
Existing Policies 72
Effectiveness of Taxes and Tariffs 76
Difficulties with Taxes and Tariffs 78
Optimising Taxes 79
Institutional and Media Responses 80
Reporting on Obesity in the PICs and its causes 80
Discussions of the Policies 83
Conclusion 85
Chapter 6 – USA: Awareness Campaigns on Sugar 87
Introduction 87
Context of Obesity in the US and NYC 88
The Campaigns 90
Effectiveness 92
Critiques 95
Nanny-statism & Libertarianism 97
News and Media 100
Conclusion 102
Chapter 7 – UK: Restrictions on the Promotion of HFSS Foods by Location 104
Introduction 104
The Policy 105
Libertarian Paternalism & Nudges 107
Obesity & the Food Environment in the UK 108
Evidence & Effectiveness of Product Placement Changes 109
News and Media Responses 112
Conclusion 118
Ethical Dimensions of the Case Studies 119
Chapter 8 – Culture and Health 120

Introduction 120
Food Culture and Perceptions of Food 122
How does Culture Matter to Policy? 128
Liberty, Autonomy and Food Culture 133
Health Policies and (returning to) Traditions 136
Perfectionism and Culture Promotion 141
Conclusion 145
Chapter 9 – Equity and Health 146
Introduction 146
What is Health Equity? 148
Inequality vs Inequity 148
Avoiding Avoidability 149
Components of Fairness 151
Equity and Groups 152
Liberalism & Health Equity 156
Re-Framing the Debate 158
Communitarianism, Trust and Equity Promotion 162
The Capability Approach 165
Conclusion 167
Chapter 10 – Liberty and Health 169
Introduction 169
Liberty and the Case Studies 171
Conceptions of Liberty 175
An Introduction to Liberty 175
Negative Liberty 176
Free Market Liberty 181
Republican Liberty 187
Positive & Perfectionist Liberty 193
Concluding Remarks 203
Chapter 11 – Paternalism and Health 206
Introduction 206
What is Paternalism? 208
An Outline of Paternalism 208
Types of Paternalism 214
A Conceptual Assessment of Paternalism 216
Liberty 217

Consent 218
Beneficence 220
Justifying Paternalistic Policies in Health 221
The Problem of Neutrality 222
Perfectionism and Paternalism 224
The Capability Approach 227
Perfectionism, Paternalism and the Case Studies 228
Conclusion 229
Chapter 12 – Ethical Claims and their Policy Applications 231
Introduction 231
Culture 233
Policy Application: Excise Taxes on Alcohol 235
Equity 237
Policy Application: Universal Health Coverage 239
Liberty 242
Policy Application: Non-Invasive Prenatal Testing 243
Paternalism 245
Policy Application: Marketing Bans 247
Conclusion 249
Chapter 13 - Thesis Conclusion 251
References 255

Index of Abbreviations

FOP: Front-of-pack

HFSS: High in fat, sugars or salt

NCDs: Non-Communicable Diseases

PICs: Pacific Island countries

SDIL: Soft-drinks Industry Levy (UK)

SSBs: Sugar-sweetened beverages

HPFs: Highly-processed Foods

VMs: Vending machines

WHO: World Health Organisation

Note on Translations

Some of the quotes in this DPhil have been translated by the author, from Spanish (for documents relating to Chile) and French (for documents relating to France) into English.

Use of the Term "Sugar"

This thesis uses the term "sugar" as a generic term to refer to all sugars found in foods and beverages, including both simple and compound sugars, rather than merely focusing on sucrose (a compound sugar composed of both glucose and fructose).

Chapter 1 – Public Policy and Political Theory

NCDs, Obesity and Diets

The increasing burden of non-communicable diseases (NCDs) has been apparent over the previous decades. Data from the Institute for Health Metrics and Evaluation shows that both the proportion of deaths and the years of life lost to disability attributed to NCDs have increased worldwide between 1990 and 2019.[1] While the prevalence of NCDs was once mostly a problem for developed economies, they are now the major global cause of death and disability. The processes of industrialisation, urbanisation, economic development and globalisation have led to the harmonisation of behaviours, and lifestyles.[2] This includes the over-consumption and use of products like tobacco, alcohol and foods rich in fat, salt and sugars: all key risk factors for NCDs. Currently, the World Health Organisation (WHO) estimates that NCDs are accountable for 74% of deaths worldwide,[3] while its *2018 NCDs Country Profiles* report noted that *"in 2016, these were responsible for 41 million of the world's 57 million deaths. 15 million of these deaths were premature (30 to 70 years)."*[4] In fact, NCD deaths are most often preventable. In the UK, 80% of heart diseases, strokes and type 2 diabetes and over a third of cancers have been deemed preventable through healthier lifestyles.[5] However, the impact of key risk factors is changing[6,7] and the cause of NCDs worldwide now increasingly rests on issues linked to diet. The WHO notes that, *"the number of people with diabetes has nearly quadrupled since 1980."*[8] In addition, *"in 2016, there were 650 million obese adults aged 18 years and over, a global prevalence of 13%. Worldwide, the prevalence of obesity has almost tripled since 1975."*[9]

As a result of this, emphasis has been placed on the contributing factors to poor diets in health research and policy. This thesis will focus on one of these - sugar - and associated policies. Sugar is a common feature of diets and its consumptions has tripled worldwide in the last 50 years.[10]

---

[1] Institute for Health Metrics and Evaluation (IHME). "GBD compare." Visualizations, *IHME Website*, 2019, accessed August 2023, https://vizhub.healthdata.org/gbd-compare/
[2] Gostin, Lawrence O., and Allyn L. Taylor. "Global health law: a definition and grand challenges." *Public Health Ethics* 1, no. 1 (2008): 53-63.
[3] World Health Organization. *Noncommunicable diseases: progress monitor 2022*. 2022, 1.
[4] World Health Organization. *Noncommunicable diseases country profiles 2018*. 2018, 10.
[5] Scarborough, Peter, Prachi Bhatnagar, Kremlin K. Wickramasinghe, Steve Allender, Charlie Foster, and Mike Rayner. "The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs." *Journal of public health* 33, no. 4 (2011): 527.
[6] WHO, *Noncommunicable diseases country profiles*, *2018*.
[7] Ibid., Harmful use of Alcohol, 14.
[8] Ibid., Diabetes, 17.
[9] Ibid., Obesity, 9.
[10] Lustig, Robert H., Laura A. Schmidt, and Claire D. Brindis. "The toxic truth about sugar." *Nature* 482, no. 7383 (2012): 27-29.

Yet the overconsumption of sugar has been associated with numerous harmful health risk factors, including obesity,[11,12,13] diabetes,[14,15,16] cardiovascular diseases,[17,18,19] cancers[20,21,22] and other risk factors like dental caries[23,24] or ectopic fatty accumulation,[25,26] suggesting high-consumption of

[11] Te Morenga, Lisa, Simonette Mallard, and Jim Mann. "Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies." *Bmj* 346 (2013).
[12] Qin, Pei, Quanman Li, Yang Zhao, Qing Chen, Xizhuo Sun, Yu Liu, Honghui Li et al. "Sugar and artificially sweetened beverages and risk of obesity, type 2 diabetes mellitus, hypertension, and all-cause mortality: a dose–response meta-analysis of prospective cohort studies." *European journal of epidemiology* 35 (2020): 655-671.
[13] Ruanpeng, D., C. Thongprayoon, W. Cheungpasitporn, and T. Harindhanavudhi. "Sugar and artificially sweetened beverages linked to obesity: a systematic review and meta-analysis." *QJM: An International Journal of Medicine* 110, no. 8 (2017): 513-520.
[14] Malik, Vasanti S., Barry M. Popkin, George A. Bray, Jean-Pierre Després, Walter C. Willett, and Frank B. Hu. "Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis." *Diabetes care* 33, no. 11 (2010): 2477-2483.
[15] Imamura, Fumiaki, Laura O'Connor, Zheng Ye, Jaakko Mursu, Yasuaki Hayashino, Shilpa N. Bhupathiraju, and Nita G. Forouhi. "Consumption of sugar sweetened beverages, artificially sweetened beverages, and fruit juice and incidence of type 2 diabetes: systematic review, meta-analysis, and estimation of population attributable fraction." *Bmj* 351 (2015).
[16] Hu, Frank B., and Vasanti S. Malik. "Sugar-sweetened beverages and risk of obesity and type 2 diabetes: epidemiologic evidence." *Physiology & behavior* 100, no. 1 (2010): 47-54.
[17] Xi, Bo, Yubei Huang, Kathleen Heather Reilly, Shuangshuang Li, Ruolong Zheng, Maria T. Barrio-Lopez, Miguel A. Martinez-Gonzalez, and Donghao Zhou. "Sugar-sweetened beverages and risk of hypertension and CVD: a dose–response meta-analysis." *British Journal of Nutrition* 113, no. 5 (2015): 709-717.
[18] Bechthold, Angela, Heiner Boeing, Carolina Schwedhelm, Georg Hoffmann, Sven Knüppel, Khalid Iqbal, Stefaan De Henauw et al. "Food groups and risk of coronary heart disease, stroke and heart failure: a systematic review and dose-response meta-analysis of prospective studies." *Critical reviews in food science and nutrition* 59, no. 7 (2019): 1071-1090.
[19] Huang, Chen, Jianfeng Huang, Yu Tian, Xueli Yang, and Dongfeng Gu. "Sugar sweetened beverages consumption and risk of coronary heart disease: a meta-analysis of prospective studies." *Atherosclerosis* 234, no. 1 (2014): 11-16.
[20] Chazelas, Eloi, Bernard Srour, Elisa Desmetz, Emmanuelle Kesse-Guyot, Chantal Julia, Valérie Deschamps, Nathalie Druesne-Pecollo et al. "Sugary drink consumption and risk of cancer: results from NutriNet-Santé prospective cohort." *bmj* 366 (2019).
[21] Hur, Jinhee, Ebunoluwa Otegbeye, Hee-Kyung Joh, Katharina Nimptsch, Kimmie Ng, Shuji Ogino, Jeffrey A. Meyerhardt et al. "Sugar-sweetened beverage intake in adulthood and adolescence and risk of early-onset colorectal cancer among women." *Gut* 70, no. 12 (2021): 2330-2336.
[22] Llaha, Fjorida, Mercedes Gil-Lespinard, Pelin Unal, Izar de Villasante, Jazmín Castañeda, and Raul Zamora-Ros. "Consumption of sweet beverages and cancer risk. A systematic review and meta-analysis of observational studies." *Nutrients* 13, no. 2 (2021).
[23] Valenzuela, Maria Josefina, Beverley Waterhouse, Vishal R. Aggarwal, Karen Bloor, and Tim Doran. "Effect of sugar-sweetened beverages on oral health: a systematic review and meta-analysis." *European journal of public health* 31, no. 1 (2021): 122-129.
[24] World Health Organization. *Sugars and dental caries*. No. WHO/NMH/NHD/17.12. World Health Organization (2017).
[25] Wijarnpreecha, K., C. Thongprayoon, P. J. Edmonds, and W. Cheungpasitporn. "Associations of sugar- and artificially sweetened soda with nonalcoholic fatty liver disease: a systematic review and meta-analysis." *QJM: An International Journal of Medicine* 109, no. 7 (2016): 461-466.
[26] Asgari-Taee, Farzaneh, Nahid Zerafati-Shoae, Mohsen Dehghani, Masoumeh Sadeghi, Hamid R. Baradaran, and Shima Jazayeri. "Association of sugar sweetened beverages consumption with non-alcoholic fatty liver disease: a systematic review and meta-analysis." *European journal of nutrition* 58 (2019): 1759-1769.

sugar is generally harmful to health. Given this impact of sugar consumption on health and the burden of diet-related ill-health on healthcare systems,[27,28,29] sugar has received increased attention from states over the last decades. Governments have increasingly been introducing policies to reduce its consumption. However, given differing socio, cultural and political contexts and the fact that no single policy is sufficient to reduce sugar intakes effectively,[30] this has resulted in numerous types of interventions being considered and implemented worldwide. These include interventions such as information campaigns, taxes, nudges, bans, reformulation, labelling, advertising restrictions and many others.

Food Policies and Ethics

These different policy responses can and do have different effects on individuals and populations. These influence their autonomy, agency, freedom (including free choice) as well as equity, opportunities or behaviours more generally. These impacts of policies matter ethically. They raise questions about whether and when the State is justified in interfering with private lives and liberties to prevent health burdens. If it is that states are legitimate in doing so, we must then ask what justifies them doing so. This entails evaluating, not only the justifications given by policymakers in favour of policies, but also the plausible normative ethical justifications for these interventions, particularly, as the two do not always align. In fact, policymaker justifications and policy-opponent criticisms are often affected by a number of other psychological, political or economic ideas and interests. As such, assessing the justifiability of food policies requires going beyond simply looking at the given political justifications, but also examining what makes policies defensible or unwarranted ethically.

As with other areas of policy, sugar policies can often be highly controversial and their implementation subject to various dilemmas or issues. In addition, policies can also be unjustified, or perceived as such, which can lead them to fail. My thesis thus attempts to examine some of the justifications for food policies through political theory. In doing so, this thesis seeks to improve our understanding of what makes policies ethically justified and why. Looking at different political theories can be useful in attempting to answer these questions, as these can help in evaluating

---

[27] Withrow, David, and David A. Alter. "The economic burden of obesity worldwide: a systematic review of the direct costs of obesity." *Obesity reviews* 12, no. 2 (2011): 131-141.
[28] Rayner, Mike, and Peter Scarborough. "The burden of food related ill health in the UK." *Journal of Epidemiology & Community Health* 59, no. 12 (2005): 1054-1057.
[29] Tremmel, Maximilian, Ulf-G. Gerdtham, Peter M. Nilsson, and Sanjib Saha. "Economic burden of obesity: a systematic literature review." *International journal of environmental research and public health* 14, no. 4 (2017).
[30] Rayner, Mike, Peter Scarborough, and Adam Briggs. "Public Health England's report on sugar reduction." *Bmj* 351 (2015): 1.

claims, clearing up argument gaps, considering new ideas and helping us reflect on the legitimacy of such interventions. This thesis builds on the method of *engaged philosophy* to attempt to provide answers to these policy questions, through political theories.

Political Theories

I begin by giving a brief account of some theories that can help us in answering these questions of the legitimacy of State interference and thinking about the ways in which policies are, or should be justified. There are a number of theories which are helpful in looking at these questions and in discussing the role of the State in the promotion of health. Most notable perhaps, is Liberalism.

Liberalism/Libertarianism

Liberal views heavily underpin Western countries' understanding of politics. Classical Liberalism, and Libertarianism, are philosophies centred on a number of ideas, including: the high value of liberty (understood in its negative sense), individualism and individual rights, the doctrine of limited government and the support of private property and value pluralism. Such Liberals generally espouse the view liberty (and its components, including freedom of choice, freedom of speech and political freedoms), is paramount, and policies must thus be justified with reference to their effects on it. They also hold that, in protecting freedom, states are unwarranted in exercising coercion, unless to prevent direct harm done onto others. This idea forms of the basis of Mill's famous Harm Principle, which claims *"the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others."*[31] In addition, Liberals and Libertarians traditionally hold the State should remain neutral to individual conceptions of the good. Rawls, for instance, in his *Theory of Justice* highlights how individual conceptions of the good are intrinsic to humans and there is a *"duty to show a person the respect which is due to him as a moral being, that is, as a being with a sense of justice and a conception of the good."*[32] As for autonomy, Liberal thinkers have generally supported the view it is best preserved or enabled where there is minimal government intervention in individual's lives, i.e., when persons are free to make decisions according to ideas they believe most rational and fitting with their conception of the good.

As a result, Classical Liberalism supports the view governments should refrain from taking any action, which might impede individuals' capacity to reach their conception of the good. Raz notes the core of the Liberal ethos rests on the principles that: *"the government should be blind to the truth or falsity of moral ideals or of conception of the good"*[33] and as a result, should be neutral to them in matters

[31] Mill, John Stuart. *On Liberty* (1859). Batoche Books, 2001, 13.
[32] Rawls, John. *A theory of justice* (1971). Harvard University Press, 1999, 297.
[33] Raz, Joseph. *The morality of freedom*. Clarendon Press, 1986, 108.

of policy.[34] Libertarian philosophers like Nozick go so far as to argue for a minimalistic approach to government intervention, noting that *"a minimal state, limited to the narrow functions of protection against force, theft, fraud, enforcement of contracts, [...] is justified; that any more extensive state will violate persons' rights not to be forced to do certain things, and is unjustified."*[35] On similar grounds, such Liberals equally reject paternalism, i.e., actions that restrict the liberty and autonomy of persons, justified by reference to their presumed interests or welfare. In fact, paternalism has been a *bête noire* for Liberals, who have denounced the idea the State can know the interests of citizens better than themselves, as distasteful, erroneous,[36] and *"the greatest despotism imaginable."*[37] Mill also argues, that, as *"each is the proper guardian of his own health, whether bodily, or mental and spiritual"*[38], governments should refrain from using interventions which prevent rational agents from consciously harming themselves. Freedom *from* government intervention should be sustained in order for individuals to preserve their freedom of choice.

The implementation of liberty-restricting health policies appears to run counter to these basic tenets of Liberalism: that the State ought to protect Negative Liberty, limit its use of coercion and respect individual conceptions of the good. In addition, when we consider the range of policies governments can introduce to combat increasing sugar consumption, traditional Liberal ideas seem to fail to justify more effective, coercive policies. Liberals defend the notion of respect for individual choices, and so the freedom to make poor choices. Consequently, Liberal societies often tend to place much responsibility for health, on their citizens,[39,40,41,42,43] and focus on promoting healthy living, rather than enforcing it. Similarly, modern Neoliberals also "*replace the concepts of the public good and the community with individual responsibility. […] As it focuses on the individual, neoliberalists*

[34] Ibid.
[35] Nozick, Robert. *Anarchy, state, and utopia*. John Wiley & Sons, 1974, ix.
[36] Kleinig, John. "Paternalism." *Manchester University Press* (1983): 3.
[37] Berlin, Isaiah. *Freedom and Its Betrayal: Six Enemies of Human Liberty*, edited by Henry Hardy. Princeton: Princeton University Press, 2014, 223.
[38] Mill, John Stuart, *On Liberty*, 16.
[39] Rose, Nikolas. "The politics of life itself." *Theory, culture & society* 18, no. 6 (2001): 1-30.
[40] Mulderrig, Jane. "Multimodal strategies of emotional governance: a critical analysis of 'nudge' tactics in health policy." *Critical Discourse Studies* 15, no. 1 (2018): 39-67.
[41] Tolvhed, Helena, and Outi Hakola. "The individualisation of health in late modernity." *Conceptualising Public Health* (2018).
[42] Guthman, Julie. *Weighing in: Obesity, food justice, and the limits of capitalism*. Vol. 32. University of California Press, 2011.
[43] Gillies, John, and Mark Sheehan. "When should patients be held responsible for their lifestyle choices?." *BMJ* 332, no. 7536 (2006): 279.

believe that ethics, morality and social ideals are the responsibility of each individual person, not the state and certainly not private enterprise."[44]

However, given the increasing pressure of NCDs on public health systems, such an approach to policymaking seems insufficient: simply put, NCDs threaten the health of populations and the governance of healthcare systems. Yet given the personal and societal value of health, looking at alternative justifications for public health, including sugar policies, is useful as Liberal justifications prevent the use of interventions which best promote welfare and worthwhile lives. That is, both, lives well-lived in terms of well-being (e.g., happiness) and spent in the pursuit of valuable goods/activities (e.g., a life of achievement). Thus, where governments, Liberal or other, do have plausible concerns over population health, other kinds of policy justifications ought to be considered, if they can lead to better health outcomes.

Perfectionism

In light of this, political Perfectionism is an alternative to thinking about the ethical justification for population-oriented policies to improve diet. The notion of political Perfectionism has its roots in Aristotelian moral and political philosophy[45] and refers to political and institutional attempts to promote a conception of *the good life*. Waldron notes:

"*Perfectionism is simply the view that legislators and officials may consider what is good and valuable in life and what is ignoble and depraved when drafting the laws and setting the framework for social and personal relationships."*[46]

Though this does not necessarily entail coercive interventions or the promotion of health over other conceptions of the good, Perfectionists argue the State is justified in taking some actions to promote health and secure the conditions or opportunities necessary to be healthy. Indeed, *"if the State's existence is to help citizens pursue their interests, it seems natural that the State should assist citizens by promoting valuable conceptions of the good life."*[47] In the specific context of policies to curb sugar consumption, the varieties of political Perfectionism can be helpful in understanding the justifications for health policies, by looking at how governments might reject the principle of neutrality, in order to promote health, or *"act with discrimination to encourage the good and the valuable*

[44] McGregor, Sue. "Neoliberalism and health care." *International Journal of Consumer Studies* 25, no. 2 (2001): 84.
[45] Barker, Ernest. *The politics of Aristotle*. Oxford University Press, 1968.
[46] Waldron, Jeremy. "Autonomy and Perfectionism in Raz's Morality of Freedom." *S. Cal. L. Rev.* 62 (1988): 1102.
[47] Chan, Joseph. "Political authority and perfectionism: a response to Quong." *Philosophy and Public Issues* 2, no. 1 (2012): 40.

and to discourage the worthless and the bad".[48] In that sense, many interventions which would likely be unjustified from a traditional Liberal perspective, are conceivably justifiable for the Perfectionist.

There exists a variety of forms of Perfectionism. Chan distinguishes between *extreme* and *moderate* Perfectionism. The former uses the State as the principle agent to pursue its (exclusive) concern for *the good life* through coercive means, while the latter is non-coercive, mixed (admits there are many values the State ought to care about) and multicentred (where the State is not necessarily the primary agent in the promotion of *the good life*).[49] Deneulin also supports a moderate view of Perfectionism, whereby *"a policy has sometimes to promote some forms of human excellences and has sometimes to go against what the human being considers as good."*[50] Pallikkathayil also describes different forms of Perfectionism, including *expansive* Perfectionism, which supports non-coercive State action to promote *the good life*, e.g., subsidising the arts, while *limited* Perfectionism does not support such non-coercive actions: "*even if creating and appreciating art contribute to living a good life, the State ought not promote these activities because this too would compromise citizens' autonomy"*.[51] Arneson distinguishes between *narrow* Perfectionism, which he associates with Rawls' critiques of Perfectionism and *egalitarian* Liberal Perfectionism, which he argues is compatible with the *Theory of Justice*,[52] while De Marneffe makes a number of distinctions including *teleological*, *foundational*, *deontological* and *moderate* Perfectionism.[53]

This thesis will largely focus on the moderate form of Liberal Perfectionism, as this account is most relevant in its application to policy, since it is compatible with value pluralism, the respect for autonomy and a limit on the use of coercion (though these elements may be understood differently than in traditional Liberalism). A number of political theorists have discussed this form of Perfectionism, showing it is not only compatible but sometimes necessary to sustain Liberal institutions. Berlin for instance, notes Liberal Perfectionism is justified where doctrines that reject principles of toleration and autonomy might destabilise Liberal society, i.e., Perfectionism is justified where it aims to preserve Liberal institutions from doctrines that could harm them.[54] Writers like Nussbaum and Wall have embraced this view of Liberal Perfectionism.

---

[48] Raz, Joseph. "Liberalism, Skepticism, and Democracy." *Iowa L. Rev.* 74 (1988): 785.
[49] Chan, Joseph. "Legitimacy, unanimity, and perfectionism." *Philosophy & Public Affairs* 29, no. 1 (2000): 16.
[50] Deneulin, Séverine. "Perfectionism, paternalism and liberalism in Sen and Nussbaum's capability approach." *Review of political economy* 14, no. 4 (2002): 499.
[51] Pallikkathayil, Japa. "Neither perfectionism nor political liberalism." *Philosophy & Public Affairs* 44, no. 3 (2016): 188-189.
[52] Arneson, Richard J. "Perfectionism and politics." *Ethics* 111, no. 1 (2000): 37-63.
[53] De Marneffe, Peter. "Liberalism and perfectionism." *Am. J. Juris.* 43 (1998): 102-103.
[54] Nussbaum, Martha C. "Perfectionist liberalism and political liberalism." *Philosophy & public affairs* 39, no. 1 (2011): 42.

Wall for instance argues Liberal Perfectionists aim to create institutions which enable subjects to lead good lives and pursue sound conceptions of the good, while still protecting *"those who pursue inferior conceptions of the good."*[55] This allows for the existence of a range of conceptions of the good people can choose to pursue, despite some being considered superior by the State. Wall's version of Perfectionism recognises value pluralism, while classifying conceptions of the good into "best" and therefore worth promoting and "acceptable" conceptions, which are still worth protecting. This moderate view, is thus distinct from the extreme versions of Perfectionism where only the best conceptions of the good should be pursued.

Communitarianism

Finally, I also rely on theories of Communitarianism to examine the justifications and justifiability of food policies. Communitarianism refers to the idea that *"human identities are largely shaped by different kinds of constitutive communities (or social relations) and that this conception of human nature should inform our moral and political judgments as well as policies and institutions."*[56] In addition, that, we have certain responsibilities and obligations towards these communities which give meaning to our lives and "*without which we'd be disoriented, deeply lonely, and incapable of informed moral and political judgment."*[57] In modern Western political thought, much of the discussion relating to Communitarian ideas, stems from a critique of Classical Liberalism and texts like Rawls' *Theory of Justice*, which rests on individualistic conceptions of the self and claims principles of justice or morality can be universally identified.[58] Communitarians reject such claims in favour of a conception of the self as interconnected with the communities to which it belongs, as these frame the context of our life, judgements and ideas. In *Sources of the Self*, Taylor writes:

"We are not selves in the way that we are organisms, or we don't have selves in the way we have hearts and livers. We are living beings with these organs quite independently of our self-understandings or -interpretations, or the meanings things have for us. But we are only selves insofar as we move in a certain space of questions, as we seek and find an orientation to the good."[59]

As such, the contexts in which we live, have a significant impact on our moral capacities and identity. For instance, he notes the role language plays in influencing our thoughts: *"one cannot be a self on one's own. I am a self only in relation to certain interlocutors: in one way in relation to those conversation partners who were essential to my achieving self-definition; in another in relation to those who are now crucial to my*

[55] Wall, Steven. "Perfectionism, reasonableness, and respect." *Political Theory* 42, no. 4 (2014): 483.
[56] Bell, Daniel. "Communitarianism." *Stanford Encyclopaedia of Philosophy* (2001).
[57] Ibid.
[58] Ibid.
[59] Taylor, Charles. *Sources of the self: The making of the modern identity*. Harvard University Press, 1992, 21.

continuing grasp of languages of self-understanding—and, of course, these classes may overlap. A self exists only within what I call 'webs of interlocution'."[60]

Of course, language only forms part of the interpretative frameworks through which we view and understand our world. Many others, including societal beliefs, practices, traditions, institutions and norms also play a role in the shaping of our judgements. Thus, Communitarianism stress the importance of looking at the relationship between the self, and the communities in which it is embedded.[61] For MacIntrye:

"We all approach our own circumstances as bearers of a particular social identity. I am someone's son or daughter, someone else's cousin or uncle; I am a citizen of this or that city, a member of this or that guild or profession; I belong to this clan, that tribe, this nation. Hence what is good for me has to be the good for one who inhabits these roles[62] *[...] the key question for men is not about their own authorship; I can only answer the question 'What am I to do?' if I can answer the prior question 'of what story or stories do I find myself a part?"*[63]

Communitarians go so far as to argue those who are well integrated into communities are better placed to reason and act responsibility than those not, though recognising that social pressures can, in some cases, also undermine the self.[64] Overall, the varieties of Communitarianism thus place special attention on the social institutions, which shape our moral and political thoughts, including the family, schools or nations and "*uphold the importance of the social realm, [...], though they differ in the extent to which their conceptions are attentive to liberty and individual rights."*[65] Ultimately this theory provides a competing view to the individual and rights-based approaches of Liberalism and is thus helpful in framing and thinking about ethical problems from a counter, group-focused perspective. Given the *public* nature of public health, such a theory is also be useful in attempting to understand the collective experience of the health of populations and the ways in which communities influence health outcomes.

Theory and Practice

My thesis proposes to apply such theories to the practical case studies of sugar reduction policies to attempt to answer the following questions:

---

[60] Ibid., 22.
[61] Kymlicka, Will. "Liberalism and communitarianism." *Canadian Journal of Philosophy* 18, no. 2 (1988): 181-203.
[62] MacIntyre, Alasdair. *After virtue.* A&C Black, 2013, 255.
[63] Ibid., 250.
[64] Etzioni, Amitai. "Communitarianism." *Encyclopedia of community: From the village to the virtual world* 1 (2003): 3.
[65] Ibid., 4.

In what ways can looking at political philosophy help us in understanding the justifiability and justifications for food policies? And, how can these be integrated in our analysis of policies in ways that are useful to practice?

I argue such theories can help in solving some of the main ethical issues linked to the design and implementation of food policies and assess their legitimacy. The three theories I have discussed, by no means, constitute an exhaustive list of the theories that might be helpful in doing this. Yet, they reflect some of the main views when it comes to the debates around these policies and allow us to focus on complimentary ethical elements that enable the examination of these problems in a comprehensive way. However, to date, little work has been done to integrate political theories in the examination of public policies in ways which also account for the numerous practical considerations that matter to policy. Therefore, this is what this thesis aims to do. My thesis aims to demonstrate how these theories can be integrated more systematically in our reflections about the justifications and justifiability of public health policies and provide a method for doing so. The following chapter thus discusses the methodological approach used to analyse public policies using political theories.

Chapter 2 – Methodology

Purpose of the Chapter

The following chapter discusses the issue of the applicability of political theories to policymaking and the method proposed to attempt to address this problem. The aim of this chapter is twofold. Firstly, it discusses the methods used in this thesis, in the classical sense, of discussing how the relevant documents were collected and analysed. Secondly, it introduces my method for public policy analysis, inspired by Wolff's method of *engaged philosophy*, which integrates political theories in the examination of practical case studies. This revised method provides a set of ideas, steps and questions necessary to reflect on the ethical implications of policies through political philosophy and hopes to be one of the major contributions of this thesis.

Literature Review of the Political Theory

As this thesis heavily relies on philosophical literature, the first phase of the thesis consisted in conducting a literature review of the work carried out on these theories. This review was carried out by following several methodological frameworks, including the principles set by Galvan in *Writing literature reviews*;[66] the framework on conducting a literature review by Rowley & Slack;[67] and the elements presented in "The multiple purposes of a literature review" in *The Literature Review* by Diana Ridley.[68] The purpose of this literature review was to get a better grasp of the theoretical concepts in the literature, contextualise the research, identify research questions and allow the possibility to build on previous work.[69]

The philosophical documents selected were either peer-reviewed articles or books/chapters and excluded grey literature. The documents were searched using a number of key terms like "Liberalism", "Liberal", "Perfectionism", "Perfectionist", "Communitarianism", "Communitarian", "State Neutrality" etc. However, many texts and authors had to be searched independently, as, despite their clear contribution to the literature, they did not come up in the search results.

---

[66] Galvan, Jose L., and Melisa C. Galvan. *Writing literature reviews: A guide for students of the social and behavioral sciences*. Taylor & Francis, 2017.
[67] Rowley, Jennifer, and Frances Slack. "Conducting a literature review." *Management research news* 27, no. 6 (2004): 31-39.
[68] Ridley, Diana. "The literature review: A step-by-step guide for students." (2012).
[69] Grant, Maria J., and Andrew Booth. "A typology of reviews: an analysis of 14 review types and associated methodologies." *Health information & libraries journal* 26, no. 2 (2009): 97.

Joseph Raz's *Morality of Freedom* for instance, one of the most important texts on Perfectionism did not come up in any of the searches. Once these key texts were identified, a snowballing method was used to select more sources through the citations of each article/book in order to cover as much of the relevant literature as possible. The documents were also sorted by relevance and usefulness, particularly on the topic of Liberalism where a vast amount of literature exists. Only documents in English were studied. Once the documents were selected and sorted out by relevance, the literature review was then conducted following the key steps in Galvan's framework, including: *analyse*, *synthesise* and *document* the literature.[70] Finally, although this method was initially used to identify the key texts on the theories, as the thesis progressed, more texts were included and used, despite having not been retrieved in the initial review.

The Case Studies

The thesis also heavily relies on the five case studies of different sugar reduction policies and used an inductive approach to study them. The next section will say more about how I use the case studies as part of the broader method for policy analysis, however, I first begin by giving an account of how these were selected and why.

The five case studies created in this thesis are of different of public health interventions, in different countries. Each case study provides a detailed examination of events that form the basis of the examination of the justifications and justifiability of these interventions. Case studies were chosen as they allowed in-depth research[71] of these different policies, while enabling me to connect them to theory on the topic.[72] Finally, as it is difficult to generalise findings or ideas from one case study,[73] I used multiple. The case studies were selected to represent the range of types of possible interventions in the field of food policy. The following steps detail how the policies were chosen.

First, I identified as many different policies as possible following these inclusion criteria:

- The policies were *population*-focused, rather than aimed at health improvements on an individual level, e.g., nutritional counselling. My focus was on health policies which aimed at *public/aggregate* health improvements rather than personal ones, as these present a distinctive set of ethical issues relating to the role of the State in promoting health.

---

[70] Galvan and Galvan, *Writing literature reviews*.
[71] Yin, Robert K. *Case study research: Design and methods*. Vol. 5. Sage, 2009.
[72] Amaratunga, Dilanthi, and David Baldry. "Case study methodology as a means of theory building: performance measurement in facilities management organisations." *Work study* 50, no. 3 (2001): 95-105.
[73] Yin, Robert K., and Karen A. Heald. "Using the case survey method to analyze policy studies." *Administrative science quarterly* (1975): 371-381.

- They targeted sugar, insofar as its consumption, presence in food and distribution related to public health, i.e., I did not look at non-health related interventions on sugar, such as agricultural policies not aimed at some collective health improvement.

- They were introduced in the last 20 years, to ensure these were relevant to current public health contexts.

Secondly, from the policies that fit within the inclusion criteria, I selected five according to:

- Their position on the Nuffield Council on Bioethics Ladder of Intervention, in order to exemplify the range of potential coercion related to different interventions.[74]

- Their place in the World Cancer Research Funds' NOURISHING framework, to exemplify the range of different types of policies that exist in this field (i.e., each policy falls under the category of a different letter in the framework).[75]

- Which countries they were implemented in, to study the range of cultural, political, social and demographic contexts in which such policies are used.

I then produced case studies of each of these policies using the available literature, to gain a good understanding of the policies, their context, history, effects and public reception. The production of these case studies was inspired by the methods used to conduct scoping reviews, including the 5-stage framework set out by Arksey & O'Malley[76] and further developed by Levac et al.[77] These two papers provided guidance for the search of the relevant documents. This document search was then reviewed against the checklist of items for scoping reviews put forward by the Joanna Briggs Institute.[78] Some elements on how to carry-out scoping studies published by the Cochrane Collaboration were also helpful in developing this search, notably in defining the aims.[79] Documents in English, French and Spanish were studied. The purpose of incorporating elements of such a method was to introduce some rigour in the selection of documents for the case studies.

---

[74] Nuffield Council on Bioethics. "Public health: ethical issues." *Cambridge Publishers Ltd* (2007): 41.
[75] World Cancer Research Fund International. "Nourishing framework." accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/
[76] Arksey, Hilary, and Lisa O'Malley. "Scoping studies: towards a methodological framework." *International journal of social research methodology* 8, no. 1 (2005): 19-32.
[77] Levac, Danielle, Heather Colquhoun, and Kelly K. O'Brien. "Scoping studies: advancing the methodology." *Implementation science* 5 (2010): 1-9.
[78] Peters, Micah DJ, Christina M. Godfrey, Hanan Khalil, Patricia McInerney, Deborah Parker, and Cassia Baldini Soares. "Guidance for conducting systematic scoping reviews." *JBI Evidence Implementation* 13, no. 3 (2015): 141-146.
[79] Cochrane Training. "Scoping reviews: what they are and how you can do them." 2017, Cochrane Library, accessed August 2023, https://training.cochrane.org/resource/scoping-reviews-what-they-are-and-how-you-can-do-them

It must be noted however that while this search was inspired by scoping review methodologies, it did not strictly adhere to them.

The five case studies are the following:

- France's 2005 ban on vending machines in schools.

- Chile's 2012 implementation of warning labels on HFSS foods.

- Pacific Island Countries' various taxes and tariffs on SSBs and other sweet foods.

- The UK's 2022 restrictions on the promotion of HFSS foods by location and volume price, with a focus on the placement of products in shops.

- The US's different awareness campaigns on sugar consumption in New York City, with a focus on the 2009 *Pouring on the Pounds* campaign.

This set of case studies offers a good representation of the range of sugar reduction interventions and the contexts in which these can be implemented as well as the different ethical challenges they can entail. Of course, these case studies do not reflect the complete set of ideas and data to understand these policies. Stakeholder decisions or actions relating to such interventions require a greater appreciation of the facts linked to the policies, most notably when it comes to the scientific evidence around them. In that sense, these case studies therefore do not aim to present all the relevant evidence that would be required for a policymaker to make informed practical choices with regards to these, or similar, interventions. The use of evidence to construct these case studies was largely aimed at providing an illustration of the method of analysis offered in this thesis. That is, the evidence presented illustrates how a stakeholder interested in such issues ought to use the available scientific evidence and literature to support the subsequent ethical analysis, as explained in the following sections. Though these cases therefore do aim to provide a basic understanding of the facts relating to these specific interventions, they remain illustrations of the process of the philosophy of this thesis and thus, do not paint a completely accurate picture of the data around the policies or their effectiveness. The following sections discuss the methodology for the analysis of these case studies through the theory, beginning with some context regarding the need for such an approach.

The Problem of Political Theory: The Method of Engaged Philosophy

Much of the inspiration for the method of public policy analysis in this thesis, stems from Jonathan Wolff's *applied philosophy versus engaged philosophy*[80] and his critique of the traditional *applied* approach to philosophy. In this chapter, he refers to *applied* philosophy as the attempt to *"address real-world problems by working out how to solve them by 'applying' a moral or political theory, thereby providing 'philosophical foundations' for social and public policy"*[81]. He cites famous examples such as Rawls' *Theory of Justice* or Nozick's *Anarchy, State & Utopia*. These, while highly influential in philosophy, *"are largely aspirational projects"*[82] and are problematic in their application to policy since they, amongst other things, dogmatically apply a theory to practical contexts, are often unhelpful in determining clear policy solutions and provide implausible recommendations.[83] As an alternative, Wolff proposes the method of *engaged* philosophy. This approach attempts to show how philosophy can help resolve or inform particular policy issues. *Engaged* philosophy aims to inform practice by starting from the other end and looking at the reality of the policy problem.[84] He notes that: *"policy is rarely made in pursuit of a single theory or value. Pluralism, pragmatism, and compromise are the stuff of real life, and deducing policy conclusions from a philosophical theory can, at best, be just one input into the argument."*[85] He thus proposes six steps to use theory to inform and help solve specific policy issues: *identify the issue and current state of affairs; identify the arguments and values; history and comparisons; create a profile of possible solutions; evaluation of options* and *policy recommendation*.[86]

It is from this attempt at drawing out a process to use theory in ways that are useful to practice that I propose my own method for policy analysis. While acknowledging the merits of Wolff's method, I suggest it may benefit from further development, particularly when it comes to considering the practical elements that matter to policy. Therefore, while my method is inspired by Wolff's and shares the same goal of helping understand/inform the practice of policymaking and deal with the ethical issues linked to the use of interventions, it also aims to provide a more robust and practical process through which to do this.

---

[80] Wolff, Jonathan. "Method in philosophy and public policy: Applied philosophy versus engaged philosophy." In *The Routledge handbook of ethics and public policy*." Routledge (2018): 13-24.
[81] Ibid., 14.
[82] Ibid.
[83] Ibid., 14-15.
[84] Ibid., 17.
[85] Ibid.
[86] Ibid., 17-22.

A New Method to integrate Theory into Practice

My method consists of the following steps. These aim to help think about the ethical elements related to public policies through political theory and reflect the process of analysis in this thesis. This method recognises the importance of the practical elements that shape the development and implementation of interventions, yet also focuses on the ways in which political theories can inform us about the rationales and concepts behind the justifications for policies. This process ultimately aims to help assess, compare and decide between interventions, by informing stakeholders (or others who are more generally interested in the policies, e.g., academics. For simplicity, I refer to both as stakeholders) on how to think about these issues or what considerations they ought to take into account when it comes to policies. This method also hopes to help stakeholders, either decide on where they stand in relation to certain ethical issues, or, at least, help in providing some defence for the choices made in shaping policies, i.e., this process provides a structure to the sets of ideas that need to be thought about in order for policies to be ethically justified. This method is applied to the case studies, to show these sets of issues are practice-grounded and the theory applicable to real policy contexts.

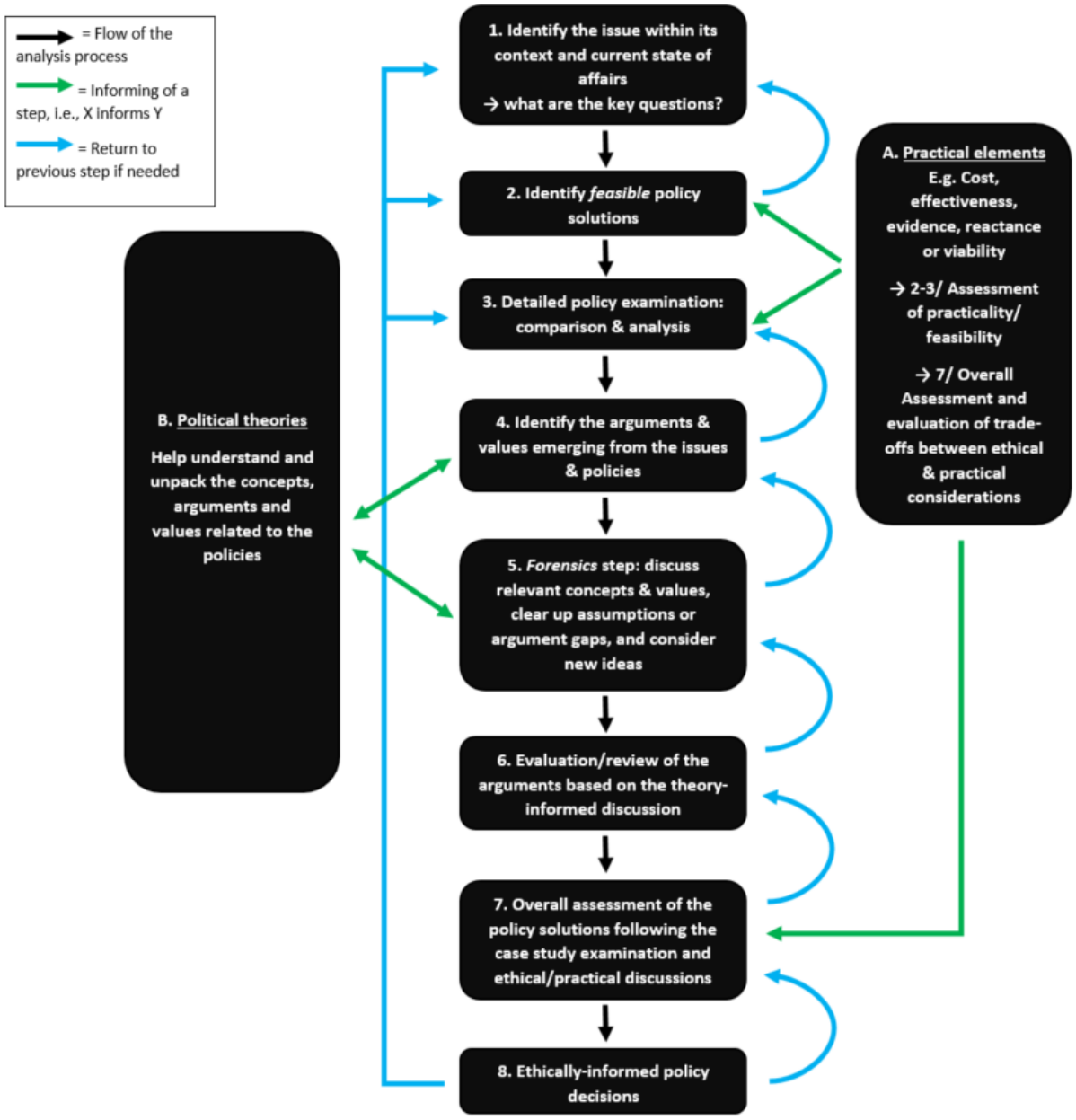


Figure: Illustration of the method [87]

Step 1. As with Wolff's method, this method also starts by identifying the issue within its context and the current state of affairs, both in terms of the issue itself and what has been done from a policy perspective. At this stage, it is important to define what the key relevant questions are and how answering these can provide the necessary knowledge to understand policies. Understanding an issue and its context is a difficult task. As noted by Wolff, *"real understanding requires an appreciation*

[87] * The overall structure of this method was also inspired by the "Ethox Approach" as discussed by Mark Sheehan. See: Sheehan, Mark. "The Ethox Approach Revamped with Mark Sheehan, PhD." YouTube video, 2023. *Berman Institute*, accessed October 2023, https://www.youtube.com/watch?v=HaIaUkSz9qg

of not just what is being publicised in the headlines but the underlying position regarding law and regulations, as well as facts of behaviour."[88]

Within the area of the food policies examined in this thesis, this step entailed gathering information and evidence on the causes and context of obesity, its link to sugar, its impact on health systems, the attitudes and behaviours relating to it (e.g., the socio-cultural dimension of food and obesity) as well as look at the existing and proposed interventions to shape sugar consumption. Important questions were asked, such as what are the impacts of sugar consumption on a national scale (e.g., health or financial)? Which subset of the population is concerned with these issues? What is the role of commercial, social and behavioural factors in shaping diets? What are the aims of the State in trying to introduce policies that reduce sugar consumption and how do citizens react to such interventions? This information-gathering about the context of policy, the background and state of affairs of existing interventions, both nationally and internationally, is an important first step to any research on the topic as well as the ultimate creation of both, effective and ethical policies.

Step 2. The second step consists in identifying different realistic policy solutions to these problems, or what Wolff refers to as the construction of a *menu of options*,[89] with room for both existing policies and those proposed (not just by politicians, e.g., activists or academics). To be recognised as potential courses of action, it is important these policies are aimed at *collective health benefits* and are *feasible*. The feasibility of policies will depend on a number of factors, such as how realistic they might be to implement (policies that stand far outside the expectations/wishes of the public can be set aside, e.g., banning the consumption of HFSS foods entirely) or how these are constrained by practical considerations (e.g., cost).

In addition, these policies must fall within a range of ethically conceivable and defensible policies. Though this range will be subject to the different values, culture and political ideas of those who enact them and the context in which they are used, some questions to consider include: do citizens have sufficient reasons to value the outcome of the policy? Does the interference in the lives of citizens (e.g., with their autonomy, liberty or agency) stand in some proportion to the benefits conferred by the policy? Does the policy significantly interfere with personal identity or individual conceptions of the good? Coercion can be more justified in attempting to influence some behaviours and beliefs than others (e.g., the freedom to make food choices has a different value to that of making certain religious choices), though, this does not mean that policies that incentivise

[88] Ibid., 17.
[89] Ibid., 19.

individuals to revise some deeply held commitments are always unjustified.[90] Other questions can also help in looking at this range, for instance, Communitarian questions regarding the extent to which we are willing to focus public health on notions of the common good rather than the individual,[91] or questions about the extent to which we consider certain activities as harmful and the legitimacy of the State in preventing this harm. What constitutes *feasible* policies will thus depend on the context and values of societies in which they are applied. Accounting for this will ensure a manageable number of appropriate courses of action can be identified and pursued for further analysis. At this stage, stakeholders can thus identify a number of policy solutions to review. They may then choose to conduct scoping or systematic reviews of existing interventions as well as consider proposed ones in academic papers, the media, by politicians, interest groups and so on. In the case of this thesis, I looked into existing policies such as SSB taxes, FOP labelling or information campaigns as well as additional interventions that exist in other countries or have been proposed, such as taxes on sugary foods generally[92] or complete bans on the advertising of junk food.[93]

Step 3. When this menu of options has been identified, we can begin examining these policies in more detail. As pointed out by Wolff, in creating policies, it is particularly important to learn from what has already been done elsewhere. This includes both *"seeking (negative) guidance from the past"* and drawing on *"the experience of other jurisdictions."*[94] Looking in detail at how other policies were implemented, what made them (un)successful or any other contextual factor that might be relevant is therefore key at this stage. For instance, we might compare the different types of taxes that have been implemented, including their design and effects, e.g., the Mexican, UK and PICs' SSB taxes. This will entail looking into a number of elements including the context, history, perception (in academia, the media or by the public) and impacts of those policies in their respective settings. Wolff notes that understanding the historical context of policies is particularly important as *"sometimes a policy is introduced because of the failure of a previous policy. If that is not understood it may be that*

---

[90] Ismaili M'hamdi, Hafez. "Neutrality and perfectionism in public health." *The American Journal of Bioethics* 21, no. 9 (2021): 31-42.
[91] Callahan, Daniel. "Individual Good and Common Good: A Communitarian Approach to Bioethics," *The Roots of Bioethics: Health, Progress, Technology, Death* (New York: 2012): 50-61.
[92] Liu, Siyuan, Paul J. Veugelers, Chunhao Liu, and Arto Ohinmaa. "The cost effectiveness of taxation of sugary foods and beverages: a systematic review of economic evaluations." *Applied Health Economics and Health Policy* (2022): 1-14.
[93] Sweeney, Mark. "UK to ban all online junk food advertising to tackle obesity." *The Guardian*, 2020, accessed August 2023, https://www.theguardian.com/media/2020/nov/10/uk-to-ban-all-online-junk-food-advertising-to-tackle-obesity
[94] Wolff, "Method in philosophy and public policy," 19.

the next recommendation ends up repeating something that has been tried and failed."[95] The more detailed the examination of policies and their contexts, the more useful this will ultimately be to their analysis.

While there are many possible ways to carry out such detailed examinations, in this thesis, I have chosen to focus on case studies. These allowed for in-depth investigations of particular interventions, their respective contexts and other relevant elements. Using multiple case studies also allowed breadth, by considering the ways different interventions work in varying political, social, cultural and economic settings. Combining both depth and breadth was important in seeking this experience from different jurisdictions.

However, though this process was most useful in the context of this thesis, this is not to say this is the only way detailed evaluations of policies can be achieved. Other methods may therefore be used for step 3, so long as these also achieve the same goal of providing in-depth understandings of policies and the way they operate. Other stakeholders might therefore choose to approach this research step differently, either by choosing other methods to get these insights, such as looking at a specific intervention in as many contexts as possible, e.g., the application of sugar taxes in numerous countries or simply choose to improve on the method used in this thesis, e.g., by using more case studies. Though this latter approach would undeniably have been useful, this thesis could only reasonably rely on a few select cases. If the potential interventions have not yet been implemented anywhere, one can use case studies of similar types of policies or scenario modelling. Ultimately, other approaches may therefore also be helpful for stakeholders, so long as they provide solid foundational examinations of policies and help in learning from other, either past or potential policy instances.

This detailed examination should aim to provide a good summary of the facts relevant to the policy, such as the ones presented in this thesis. Comparing these different cases is also an important step in understanding the pros/cons of different policies, the trade-offs they might lead to and the impacts they might have. In particular, trying to learn from previous/similar policies can be especially useful. As Wolff notes, "*most policy dilemmas have their counterpart elsewhere. Every country has to have a policy about gambling, or about animal experimentation, or about road safety, and seeking comparisons may help us see how limited our own national imagination has been.*"[96]

A. The 3rd step – like the 2nd step – should be informed by the practical elements relevant to policymaking. These include many factors like (though not limited to): effectiveness, cost,

[95] Ibid.
[96] Ibid.

long-term viability, the (quality and quantity of) scientific evidence for the interventions, potential for reactance, public/academic perceptions and the trade-offs between these. These elements should help in drafting the case studies (or other assessments) and summarising the facts and beliefs about the policies. Firstly, they can do so by contributing to the general information available on the topic and which is of relevance, since these are some key aspects of interventions and stakeholders will need to have some knowledge of them in order to decide whether they want to adopt them in the first place. In that sense, these facts can help guide a first assessment of the *practicality* and *feasibility* of interventions and whether these should be considered. These elements should equally inform the drafting of the case studies as these could not be expected to be useful without an accurate representation of these ideas, since these will form much of the essential information needed to further evaluate the policies. As mentioned, these elements can lead some policies to be left aside, e.g., if the cost is too high for little health gains. Once the practical elements have served to inform the case studies and where the policies seem compatible with these elements, stakeholders may move on to the subsequent steps in the method.

These elements will also need to be reviewed at a later stage in the process when conducting the overall assessment of policy solutions, in particular, when evaluating the trade-offs between some of the ethical and practical considerations and whether these are justifiable, e.g., how much liberty might we sacrifice for cost-effectiveness? These two aspects therefore need to be studied together. While practicality should be looked at from the start of the process, this does not necessarily entail that the practical elements ought to have precedence over the ethical elements or are more important. Yet if the practical considerations are such as to rule out an intervention entirely (e.g., it is too expensive or the evidence in its favour is too limited), there will not be much need (in a practical sense) to investigate whether the intervention is ethical. However, this is less relevant when studying policies that have already been implemented elsewhere, since other jurisdictions have judged them to be feasibly implementable. Thus, a first assessment of the *feasibility* and *practicality* of policies is needed, though these issues will also need to be discussed with reference to the ethical aspects. This preliminary assessment thus constitutes a form of *satisficing*, whereby to be considered, policies must first be "good enough" to be pursued further and ethically considered.

Step 4. Once these solutions have been identified, we can start to look at the arguments/justifications and values on both sides of the debate about policies. Of course, it will not always be the case in every area of policy that both sides must necessarily be defended, though in the case of food policies, which often involve many actors and opposing interests, examining these different perspectives will almost always be useful. We should try to identify the values that play a role in promoting or rejecting the policies, such as: liberty, autonomy, choice, equity/fairness,

agency, privacy, culture, opportunities and others. Some values and concerns often oppose each other in the narratives around policies, e.g., individualism vs community-focused concerns. These should be considered, whether they are directly stated in political discourse, or more implicit in the discussions. Beyond values, relevant arguments should also be examined. For instance, such arguments might include explicit claims about how policies can enable choice, promote autonomy, help to reduce inequalities (as is a common claim in population health and policymaking)[97,98] or simply that they are effective means to promote health.

However, any thorough analysis of the justifiability of policies will also require going beyond what is said, or even what is implicit in policy discussions. The plausible normative justifications for policies should be examined, even when absent from debates, as some justifications can warrant policies, independently from what is being said in the narratives around them. For instance, even where there are sound ethical claims about the necessity of paternalism to promote health, rare are the instances where policymakers or health advocates will directly argue in favour of it, given the unpopularity of the concept. Instead, they often choose to focus on other arguments to make policies more palatable or more likely to be adopted, e.g., through economic arguments. While the main ethical argument for the funding of school meals is that children should be well-fed, an essential element to living a healthy life, advocates of the intervention may sometimes discuss the policy by arguing it would help parents in financial difficulty. We must thus be careful not to merely focus on what is *said* to make policies justified but also look at what *would actually* make them justified. Conversely, all the arguments (stated or not) *against* interventions should also be acknowledged. For instance, many restrictive policies are often argued to limit freedom (e.g., of choice), disregard principles of self-responsibility, are unfair towards the poor, do not grasp the complexity of certain issues or are economically costly. In addition, as arguments are rarely completely unique to any policy case, similar claims are likely to have been brought up in past cases and will probably emerge in future cases. In all these cases, relevant arguments and values should thus be identified and studied as these are useful in assessing justifiability and providing defences for interventions. Once these have been identified, an extensive process of discussion around them will be needed, as explained in the following step.

Step 5. Once these arguments and values have been identified, we can then begin to forensically examine them. We should try to deepen arguments, make them more rigorous and/or question

[97] Keyes, Katherine M., and Sandro Galea. *Population health science*. Oxford University Press, 2016, 139.
[98] Lynch, Julia. "Reframing inequality? The health inequalities turn as a dangerous frame shift." *Journal of Public Health* 39, no. 4 (2017): 653.

assumptions.[99] We can attempt to fill argument gaps, uncover false assumptions or dilemmas and clear up any misconceptions.[100] For instance, though it can sometimes be assumed restrictive policies are unfair to low-income groups, this is not necessarily the case.[101] Equally, we ought to consider new ideas or concepts that are relevant to the discussions but had not necessarily emerged previously. Many useful concepts in political theory can help in understanding these debates and thus are useful to bring in at this stage, e.g., the concept of *adequacy* of options as central to autonomy, found in Perfectionism. This step of the process is key to increasing our understanding of the justifications and rationales behind policies, as well as the values at stake. This step is heavily informed by the political theory and philosophy. At this stage, it is important to ask the right questions about these justifications to see how political theory can help us solve some of these issues and dilemmas. These include questions like: what is said in the theoretical literature about the values and concepts at stake (e.g., autonomy, liberty etc.)? How are they valuable and how/why should they be promoted? Are the assumptions and claims made about them in the political discourse/debates logically sound? Can the arguments made in support/rejection of the policies be defended by the political theory? Or might there be some objections to them? What does political theory suggest about the ethical dilemmas involved in policymaking? What do different theories have to say about which goods are valuable and ought to be promoted?

Asking the right questions will be important to solving some of the ethical problems linked to these policies and clarifying important ideas. For instance, while the term *paternalism* might often be used in policymaking, particularly by those wishing to reject policies, it can often be used or understood incorrectly, and thus, fail to help the argument of those who use it. Importantly however, this step is about understanding rather than definitively solving these political questions. We can re-frame the debates, narrow them and clarify the important ideas, rather than attempt to solve them entirely.[102]

This step is what I have tried to demonstrate in some of the discussions in the thesis around the four main ethical topics discussed, namely, culture, equity, liberty and paternalism. I have attempted to show what these complex terms might mean, what different theories might have to say about them and their value, and some of the ways in which they matter to policy and politics,

[99] Hare, Richard Mervyn. *Applications of Moral Philosophy*. London: Macmillan, 1972, 5-6.
[100] Wolff, "Method in philosophy and public policy," 19.
[101] Adams, Jean, Oliver Mytton, Martin White, and Pablo Monsivais. "Why are some population interventions for diet and obesity more equitable and effective than others? The role of individual agency." *PLoS medicine* 13, no. 4 (2016).
[102] Wolff, "Method in philosophy and public policy," 20.

e.g., by discussing whether they should be promoted (and how), or whether some of the claims made in their regard are correct and defensible.

B. Steps 4 and 5 are informed by the political theories, such as the ones studied in this thesis, including Liberalism, Perfectionism and Communitarianism. As explained in Step 5, political theory can help in informing and guiding debates in a great many ways such as explaining some concepts, clearing up misconceptions or unpacking some of the arguments used. One way in which we can learn more from political theory is by singling out the justifications and using the theories as lenses through which to study these arguments. Where claims are made policies should be rejected as they restrict liberties, we should use the theories to question these arguments, for instance, by asking whether a Liberal or Communitarian would agree to such claims, what objections they might have or what elements they might wish to focus on to promote liberty. It may be that the arguments made are consistent with certain theories while, in other cases, the theories may lead us to reconsider certain views. For example, though some will not wish to see policies which restrict the market, discussions around the value of economic freedom, informed by theory, can lead to us to reconsider our perceptions of the value of economic liberty, thus leading us to reassess whether policies that influence it can be acceptable.

When studying these ideas, political theories should be taken as pluralistic. In that, not one single theory should be taken as ultimately right, as many have argued in the past. Rather, it is in looking at the diversity of political theories that we can be more informed about these issues. And thus, that both, multiple suitable answers to different problems can exist and that different theories (and the concepts they focus on) will be useful in different ways. While looking at the Perfectionist view of liberty is useful in one context, looking at its Liberal counterpart will be more useful in another. Some theories therefore have more to contribute to specific discussions. Moreover, I suggest there is value to be found in the mere analysis and political discussions of these policies, rather than only in finding solutions to particular issues. Since policies are often complex problems (that rarely have any obvious answer) there is some value to spending time to critically assess them through the theory and consider all the relevant ideas and options. Though, this method aims to offer more than this. Overall, I aim not to show that we should abide or choose any particular theory to understand policies, since all of them have interesting ideas to offer. Rather, these offer different interesting perspectives through which to look at interventions. .

Importantly, we must take a reflective look between the theories, cases and arguments. It is important to not merely read the theory and then look at the case studies but instead, constantly reflect on both, going back and forth and looking at firstly, what this process can bring to future

policies and secondly, what the practice of policy might show about the theories. For instance, when studying the issue of equity or examining claims that some policies promote fairness, we might choose to look in political theories to see what they have to say about the concept, how they seek to promote it and whether the arguments made align with the theory. We might look at how theories like Communitarianism discuss equity and the aspects it focuses on, in order to see whether claims about the policy do, in fact, respect these ideas. Yet, the practice of policy also has much to reveal about the usefulness and applicability of the theories since it can expose areas of the theories which are too far removed from the context of policy to be useful or simply be erroneous. In this case, we can continue to seek answers in other political theories, while continuously looking at both theory and practice. .

In addition, political theory also helps in identifying new arguments or ideas in support or against policies, which are useful in their justifications. For instance, a look into Perfectionism can lead us to consider the view of the revised Harm Principle and to see the role of the State as key to both, preventing direct harm as well as harm occurring from a lack of interference or neglect, i.e., where the State failed to create or sustain the conditions necessary for citizens to live autonomous and worthwhile lives, this constitutes a harm. Though such arguments might not necessarily have emerged from looking at the case studies, they can do so from the reflective look between the policies and theories. Thus, it is the conversation between theory and practice that should be taken as most useful to understanding policy and solving policy questions, rather than dogmatically applying a theory and shaping practice according to it. As noted previously by Wolff, political theories can never be more than one input in the determination of policy: *"pluralism, pragmatism, and compromise are the stuff of real life."*[103] Looking at practice through theory and vice-versa has thus much to offer in solving some of the dilemmas and problems of both.

Step 6. Following these steps will have led to a better understanding of the rationales, concepts and arguments given in the context of specific policies. At this stage we can proceed to an evaluation or review of the arguments examined, to ask ourselves whether the claims/justifications given are still defensible. What objections might we have to them? Are the arguments supported by the theories? Have new arguments emerged? Were our assumptions wrong? Are there new ways of justifying policies? For instance, we should now have a better understanding of whether claims made about paternalism are justified, whether the policies do in fact promote equity or whether it is justified for the State to promote culture through policies. Evaluating the arguments made will thus allow us to determine their legitimacy and usefulness in supporting the policies.

[103] Wolff, "Method in philosophy and public policy," 17.

Equally, the non-explicit normative arguments related to policies should also be evaluated in the same way. At this stage, stakeholders can thus consider which arguments they decide to stand by, where these are supported by evidence from practice or are philosophically sound, while disregarding those which are not. At the end of this step, we should be left with a set of defensible arguments or claims related to policies, whether in their favour or not.

Step 7. Once such arguments have been laid out, critically evaluated and discussed, an overall assessment can be made regarding the policies, whether existing or potential. This assessment can be done by reviewing both the ethical/theoretical ideas with reference to the previously discussed practical factors. This second review of the pragmatic aspects is essential. It is through this comparison of the ethical and practical elements that we will gain a good understanding of the value of a policy and whether it ought to be implemented. For instance, we might examine the implementation of a new ban on vending machines by looking, on one hand at the evidence for the intervention, while also reviewing it in relation to the potential impacts on ethical elements like equity. In some cases, it might be there are both strong ethical and practical arguments either for or against the implementation of policies. Yet, perhaps more importantly, this can allow us to assess the potential trade-offs between the ethical and pragmatic factors. For instance, we can evaluate how much equity or liberty it is justified to trade-off for effectiveness. We can ask questions such as, whether it is more justified to use liberty-restricting policies when there is plentiful evidence of their effectiveness or whether it is justified to choose equity-promoting interventions instead of more effective ones.

As we will see in subsequent chapters, most policies entail such trade-offs between practical and ethical factors. Some countries, while facing high rates of obesity and SSB consumption, decided to implement strict policies to curb their intake. However, as SSBs had become an integral part of the food culture and were associated with enjoyment, time spent with family and celebrations, such policies had ethical implications. In this case, restrictions on the capacity to consume SSBs inevitably had some impact on the ability of the individuals who consume them, to enjoy these activities and their day-to-day life. This is especially important to consider where the consumption of these foods/drinks is tied to activities individuals consider central to their life or identity.[104] These ethical concerns also mean that, while, the context of a policy in one country might justify its use, this might not necessarily be true in another setting. Ultimately, such trade-offs will therefore need to have been considered for policies to be justified. Assessing such trade-offs will

[104] Thomas, Owen, Mark Sheehan, and Mike Rayner. "Bans, Taxes or Product Placement? Applying the Liberal Perfectionist Proviso to Public Health Food Policy." *The American Journal of Bioethics* 21, no. 9 (2021): 51-53.

be particularly important in cases where there are strong claims for policy implementation in a pragmatic but not ethical sense, or vice-versa.

8. Finally, through the steps of this method, we should be able to make more informed decisions when it comes to the ethical elements relevant to policies. It is hoped this method provides the structure and sets of ideas necessary to think about these issues in different ways and in order for decisions to be ultimately more justified, i.e., through thinking about the arguments, concepts and issues in the ways presented in this method, we should be able to more effectively defend the legitimacy of the decisions made when it comes to the ethics of public policies. Such decisions include choosing policies, evaluating existing ones or designing new ones to fit problems. As the ideas and concepts in this method have been shown to emerge from the use of practical cases and leave room to factor in all the relevant aspects of policy, I hope it will prove useful in real-world political contexts.

The following five chapters will thus present the case studies, in order to illustrate how these are useful and fit within the overall strategy of this method.

Chapter 3 – France: Vending Machine Bans

Introduction

The French Public Act of 2004 introduced two major policies, aimed at tackling the growing rates of obesity of children in the country. The first of these made mandatory the use of health warnings for advertisements for processed foods and/or foods with added sugar, salt or artificial sweeteners on TV and radio.[105] Following the Act, such adverts needed to feature messages such as *"for your health, avoid snacking between meals"*, *"for your health, avoid eating too many foods that are high in fat, sugar or salt"* or *"for your health, eat at least five fruits and vegetables per day"*.[106] These were followed by a mention of the Government's healthy eating and exercise website. Such messages were largely aimed at children, as the Government had been seeking to find new ways to restrict the promotion of these foods for them, initially considering a ban on food advertisements targeting children altogether but eventually settling on such messages after a consultation process with food manufacturers.[107] The second intervention of the Act, consisted in banning all vending machines (VMs) containing drinks and snacks from school premises. This latter policy is the focus of this case study.

Since the 1st of September 2005, school VMs have been prohibited and were removed from middle and high schools, as primary schools had never been equipped with them.[108] This policy also aimed to tackle the growing rates of obesity in children by targeting snacking, given that snacking has been associated with excess sugar intakes and weight gain in children and adolescents as well as representing a major source of calorie intake of children in certain contexts.[109,110] Since the Public Health Act, many more obesity policies have been introduced in the country, including supporting voluntary reformulation of HFFS foods (2007), a soft drinks tax (2012), restrictions on commercial broadcasting to children (2016), a ban on free refills of SSBs (2017) or more recently, the launching of a new initiative by the French social security provider to pay for 3-12 year olds who are overweight to go on a special treatment programme to change their lifestyle habits (including

[105] Lacoste-Badie, Sophie, M. Minvielle, and O. Droulers. "Attention to food health warnings in children's advertising: a French perspective." *Public health* 173 (2019): 69-74.
[106] Ibid., 70
[107] Ibid.
[108] World Cancer Research Fund International. "Nourishing framework." Offer healthy food and set standards in public institutions and other specific settings, Bans specific to vending machines in schools, accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/
[109] Larson, Nicole, and Mary Story. "A review of snacking patterns among children and adolescents: what are the implications of snacking for weight status?." *Childhood obesity* 9, no. 2 (2013): 104-115.
[110] Piernas, Carmen, and Barry M. Popkin. "Trends in snacking among US children." *Health affairs* 29, no. 3 (2010): 398-404.

snacking).[111] The Public Health Act of 2004 and this VM ban were thus first steps in the development of the broader French obesity strategy and this intervention was one of the first of numerous school VMs-related policies in Europe and the rest of the world. Despite some pushback from the industry, the policy was generally well received and accepted by the public.[112] In addition, quite uniquely to this policy, while the Government heavily relied on public health arguments to defend its justifiability, many implicit culture-based justifications were also apparent in the discussions surrounding its introduction, such as the need to protect traditional French food customs. The following case thus explores this policy, its broader context and implications/effects.

Overweight in France and Europe

As with many other developed nations, overweight and obesity has risen in France in the past 50 years, including in children. French child obesity has in fact, undergone a rapid increase since the 1980s and more than doubled its prevalence among the 5-12 year olds.[113] At the time of the introduction of the law, 16 % of children in the country were overweight or obese.[114] If children have become fatter however, they remain, on average, less overweight and obese than in other European countries. According to nutritionists Chauliac and Hercberg, *"the assessment of changes in nutritional status and food consumption in France over the last decade shows various positive signs. The prevalence of overweight and obesity in children has remained stable or even decreased to a level lower than that of most neighboring European countries."*[115] Yet childhood obesity remains a high priority in France, as it is elsewhere, with numerous other places having adopted similar types of policies in schools.[116] Many countries have since introduced similar restrictions on the use of VMs in schools,[117] including complete bans in countries like Slovenia (2010) and in national subdivisions such as Arkansas,

---

[111] Hannah Thompson, "France moves to tackle growing problem of childhood obesity," The Connexion, 2023, accessed August 2023, https://www.connexionfrance.com/article/French-news/Health/France-moves-to-tackle-growing-problem-of-childhood-obesity

[112] McGregor, Erin M. *Cultural changes influencing rising obesity rates in France*. Oregon State University, 2005, 71

[113] Lioret, Sandrine, M. Touvier, Carine Dubuisson, A. Dufour, G. Calamassi-Tran, L. Lafay, J-L. Volatier, and Bernard Maire. "Trends in child overweight rates and energy intake in France from 1999 to 2007: relationships with socioeconomic status." *Obesity* 17, no. 5 (2009): 1092-1100.

[114] Sénat. "Distributeurs automatiques dans les écoles." 12e législature, 2005, accessed August 2023, https://www.senat.fr/questions/base/2005/qSEQ050618496.html

[115] Chauliac, Michel, and Serge Hercberg. "Changing the food environment: the French experience." *Advances in Nutrition* 3, no. 4 (2012): 609.

[116] Kovacs, Viktoria Anna, Sven Messing, Petru Sandu, Paola Nardone, Enrica Pizzi, Maria Hassapidou, Katarzyna Brukalo, Ernestine Tecklenburg, and Karim Abu-Omar. "Improving the food environment in kindergartens and schools: An overview of policies and policy opportunities in Europe." *Food Policy* 96 (2020).

[117] Bonsmann, S. Storcksdieck Genannt, T. Kardakis, J. Wollgast, M. Nelson, and S. Caldeira. "Mapping of national school food policies across the EU28 plus Norway and Switzerland." *JRC Science and Policy Reports. European Commission. Luxembourg: Publications Office of the European Union* (2014).

Florida, Indiana or Texas in the USA (2008-2009) or the Australian Capital Territory (2015).[118] Other similar interventions have included the implementation of mandatory standards on what can be sold in school VMs, e.g., in Bulgaria, Portugal, Latvia and the UK, while some governments have opted for voluntary guidelines, like Spain, Austria, Estonia and the Netherlands.[119,120,121]

Vending Machines and Obesity

The focus on VMs in schools was denounced by the food and beverage industry in France, with claims the Government was using these as a scapegoat in the obesity issue, which the policy would fail to reduce.[122] However, there is some evidence in favour of limiting access to VMs for children. The 2007 WHO report on obesity in Europe, states that *"the most negative influence on children's and adolescents' eating habits and the development of obesity is linked to the presence in the school environment of unhealthy 'competitive food'",*[123] such as the foods sold VMs. In fact, several studies have shown the presence of these competitive food sources is directly linked to higher consumptions of HFSS products and lower intakes of healthier options such as fruit or milk.[124,125] Indeed, *"Children tend to buy things that are available, particularly snacks and soft drinks, mainly because the time cost of buying and eating them is minimal. If it is made more difficult to obtain junk food, the benefits disappear and, one would expect, children cannot be bothered to make the effort to buy it."*[126]The WHO report concludes that the available data does provide some evidence these competitive sources of foods in school contribute to the development of obesity in children. A claim, which has been supported by other studies:

"*Snacking patterns, together with the associated excess sugar and fat intakes, are recognized as a leading cause of excess weight in children and adolescents. [...] evidence from the United States shows that snacks represent about 27 percent of daily calorie intake in children, with desserts and sugar-sweetened beverages (SSBs) being the largest*

---

118 World Cancer Research Fund International. "Nourishing framework." Offer healthy food and set standards in public institutions and other specific settings Bans specific to vending machines in schools.
119 Ibid.
120 Storcksdieck Genannt Bonsmann, S. "Comprehensive mapping of national school food policies across the European Union plus Norway and Switzerland." *Nutrition bulletin* 39, no. 4 (2014): 369-373.
121 Lloyd-Williams, Ffion, Helen Bromley, Lois Orton, Corinna Hawkes, David Taylor-Robinson, Martin O'Flaherty, Rory McGill, Elspeth Anwar, Lirije Hyseni, May Moonan, Mike Rayner, and Simon Capewell. "Smorgasbord or symphony? Assessing public health nutrition policies across 30 European countries using a novel framework." *BMC Public Health* 14 (2014): 1-20.
122 Sandrine Pinsac. *Interdiction des distributeurs dans les écoles: Impacts sur le marché de la distribution automatique alimentaire.* Université Panthéon Sorbonne, 2005.
123 Branca, Francesco, Haik Nikogosian, and Tim Lobstein, eds. *The challenge of obesity in the WHO European Region and the strategies for response.* World Health Organization, 2007, 82.
124 Ibid.
125 Kubik, Martha Y., Leslie A. Lytle, Peter J. Hannan, Cheryl L. Perry, and Mary Story. "The association of the school food environment with dietary behaviors of young adolescents." *American journal of public health* 93, no. 7 (2003): 1168-1173.
126 Mazzocchi, Mario, W. Bruce Traill, and Jason F. Shogren. *Fat economics: nutrition, health, and economic policy*. Oxford University Press, 2009, 145.

contributors."[127,128] Of course, while VMs in schools do provide an easily accessible source of those snacks, it is less clear what proportion of the snacks eaten by children generally come from them, rather than from home or outside schools.

One of the major contributing reasons behind the removal of such machines was that, their most sold product were SSBs. Regular consumption of SSBs has been repeatedly linked to weight gain, particularly as individuals do not compensate by reducing intakes from other foods and other health issues such as tooth decay, including in children.[129,130,131,132,133,134,135] This evidence has led the WHO and FAO to state high consumption of SSBs is a serious concern due to its relation to weight gain and NCDs.[136,137]

Health and Cultural Arguments for the Ban

The French government thus put forward this policy, amongst a series of others, to meet the goals of the *Programme National Nutrition Santé* (National Nutrition and Health Programme). Other policies included the discouragement of mid-morning snacks in preschools and elementary schools, compulsory nutritional guidelines on school meal composition and nutritional education for children.[138] The French Food Safety Agency had long been campaigning for this ban, as it considered the presence of VMs to be *"in total contradiction with the fight against the obesity epidemic"*.[139]

---

[127] Capacci, Sara, Mario Mazzocchi, and Bhavani Shankar. "Breaking habits: the effect of the French vending machine ban on school snacking and sugar intakes." *Journal of Policy Analysis and Management* 37, no. 1 (2018): 88.
[128] Larson and Story. "A review of snacking patterns among children and adolescents," 104-115.
[129] de Ruyter, Janne C., Margreet R. Olthof, Jacob C. Seidell, and Martijn B. Katan. "A trial of sugar-free or sugar-sweetened beverages and body weight in children." *New England Journal of Medicine* 367, no. 15 (2012): 1397-1406.
[130] Ludwig, David S., Karen E. Peterson, and Steven L. Gortmaker. "Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis." *The lancet* 357, no. 9255 (2001): 505-508.
[131] Ruanpeng, D., C. Thongprayoon, W. Cheungpasitporn, and T. Harindhanavudhi. "Sugar and artificially sweetened beverages linked to obesity: a systematic review and meta-analysis." *QJM: An International Journal of Medicine* 110, no. 8 (2017): 513-520.
[132] Sturm, Roland, Lisa M. Powell, Jamie F. Chriqui, and Frank J. Chaloupka. "Soda taxes, soft drink consumption, and children's body mass index." *Health Affairs* 29, no. 5 (2010): 1052-1058.
[133] Babey, Susan H., Malia Jones, Hongjian Yu, and Harold Goldstein. "Bubbling over: soda consumption and its link to obesity in California." (2009).
[134] Heller, Keith E., Brian A. Burt, and Stephen A. Eklund. "Sugared soda consumption and dental caries in the United States." *Journal of Dental Research* 80, no. 10 (2001): 1949-1953.
[135] Branca et al., *The challenge of obesity.*
[136] Ibid.
[137] World Health Organization. *Diet, nutrition, and the prevention of chronic diseases: report of a joint WHO/FAO expert consultation*. Vol. 916. World Health Organization, 2003.
[138] Dubuisson, Carine, Sandrine Lioret, Ariane Dufour, Jean-Luc Volatier, Lionel Lafay, and Dominique Turck. "Associations between usual school lunch attendance and eating habits and sedentary behaviour in French children and adolescents." *European journal of clinical nutrition* 66, no. 12 (2012): 1335-1341.
[139] Le Canard enchaîné. "Obésité : Malbouffe s'en va-t-en guerre." *Le Canard enchaîné*, 2004.

The removal of the VMs aimed at limiting the presence of competitive food sources and snacking outside of meals. The goal was to make school the place of healthy nutrition *par excellence*. However, the Government suggested, schools could still give out (healthier) snacks such as fruit or vegetables. It also recommended installing more water fountains for students.[140] This policy led to the removal of over 8000 VMs, which had become increasingly common before the intervention, in French schools.[141] Overall, the policy did show some success in changing habits, as a study found the ban led to a 10-gram reduction in sugar consumption from morning snacks at school. The authors of the study conclude "*our results are in line with the notion that bans may be effective ways to control for behavioral failure in regulated environments, but that they fail to achieve the overarching goal if not accompanied by other interventions to nudge consumers towards better behaviors in less regulated environments.*"[142] They also note the effects of such a policy are small and simply looking at morning snacking is not enough to improve overall dietary quality.

Another reason associated with the introduction of the policy, was that VMs contributed to the erosion of the traditional meal structure: an important cultural element in France as meals are a key social activity. According to OECD data, French people spend more time eating per day than anywhere else in the world.[143] It was argued this change in eating habits led children to rely less on the meals provided by the school and instead, ate food that provided minimal nutritional value. The magazine Le Figaro wrote: *"From breakfast to dinner, including mid-morning and evening snacks, sugar dominates our diet…It is incomprehensible that the school, an apprenticeship of life, has allowed itself to be invaded by machines spewing chocolate bars, cream puffs and cakes coated with chocolate or caramel."*[144,145] Academics, largely supported the ban and agreed food related interventions in schools were important: "*In general, the existing literature agrees that the school environment matters and that efforts to encourage pupils to adopt a healthy lifestyle, which include promoting healthy eating, providing healthy meals, and banning junk foods, are effective."* [146] Some even suggested the ban should be introduced in other countries. [147]

---

[140] Sénat, "Distributeurs automatiques dans les écoles."
[141] McGregor, *Cultural changes*, 29.
[142] Capacci, Mazzocchi, and Shankar, "Breaking habits", 108.
[143] Niall McCarthy, "Where People Spend the Most Time Eating & Drinking", *Statista*, 2018, accessed August 2023, https://www.statista.com/chart/13226/where-people-spend-the-most-time-eating-drinking/
[144] McGregor, *Cultural changes*, 43.
[145] Le Figaro. "Obésité : les distributeurs automatiques de boissons et d'aliments interdits dans les collèges et lycée," *Le Figaro*, 2004.
[146] Brambila-Macias, Jose, Bhavani Shankar, Sara Capacci, Mario Mazzocchi, Federico JA Perez-Cueto, Wim Verbeke, and W. Bruce Traill. "Policy interventions to promote healthy eating: a review of what works, what does not, and what is promising." *Food and nutrition bulletin* 32, no. 4 (2011): 373.
[147] Godfrey, Jodi R. "A Tour of School Lunch: What We Can Learn from the French Approach." *Childhood Obesity (Formerly Obesity and Weight Management)* 8, no. 5 (2012): 491-495.

In addition, it was noted merely providing more information, although helpful, is not in itself sufficient in significantly changing behaviours in children, i.e., more effective types of government policies ought to be put forward,[148,149] as, *"choices for consumption cannot solely be the individual's responsibility, because for the consumer, the available choices depend largely on the environment."*[150]

This ban was thus supported on the basis it prevented snacking which led to the breakdown of traditional meal structures in the country.[151] These arguments have been well reflected in the political discourse around the obesity policies introduced in France for children and in schools. Following a study on the challenges to national food identity the Sénat stated: "*the de-structuration of food habits […] could have consequences on the conservation of our cultural and dietary traditions"* and thus concludes further initiatives should be taken in schools to educate children regarding food taste, products and preparation.[152] In addition, the French government has heavily emphasised the role of schools and canteens in reinforcing good dietary habits and linking them to the national food culture, for instance, noting that: "s*chool catering is a reflection of French food culture. Almost all French pupils go to the canteen as part of their schooling. [...] This food culture in all life contexts [...], can explain the slower progression of obesity in France than in other countries."*[153] Or, that "*France does everything possible to guarantee to all children access to healthy, safe and durable school lunches and to make them sensible to the agricultural, public health, environmental and cultural challenges linked to food."*[154] Both public health and cultural arguments have thus been used in France to justify the introduction of health policies, particularly when it comes to children, in an attempt to both address obesity and defend traditions and cultural norms.

Responses to the Ban

Schools and Industries

One of the concerns with the ban on VMs was that it would lead to a loss of income for schools, who relied on them. *"School (district) finances can rely heavily on revenues from contracts with VM suppliers,*

148 Hyde, Rob. "Europe battles with obesity." *The Lancet* 371, no. 9631 (2008): 2160-2161.
149 Chauliac et Hercberg, "Changing the food environment," 605-610.
150 Ibid., 609.
151 Poulain, Jean-Pierre. "The contemporary diet in France: "de-structuration" or from commensalism to "vagabond feeding"." *Appetite* 39, no. 1 (2002): 43-55.
152 Sénat. "Les nouveaux apports de la science et de la technologie à la qualité et à la sûreté des aliments (tome 1, rapport)." La culture : quelles sont les conditions du maintien d'une identité alimentaire ?, Rapports d'office parlementaire, accessed August 2023, https://www.senat.fr/rap/r03-267/r03-26719.html
153 Ministère de l'Agriculture et de la Souveraineté alimentaire. "La cantine pour apprendre à bien manger." Alimentation, 2021, accessed August 2023, https://agriculture.gouv.fr/la-cantine-pour-apprendre-bien-manger
154 Ibid.

which generally consist of lump sum cash advances to obtain multiannual exclusive rights and shares of sales revenues."[155] Thus, schools would have to cut down on costs, potentially affecting the quality of education provided. Though in the aftermath of the ban, this did not seem to be a major issue for them.

A number of representatives of the VM industry also denounced the measures as too radical, incoherent and pointless.[156] Jean-Loup Bariller, ex-delegate to the *Chambre Nationale de vente et service automatiques*, thought the decision was absurd and that banning never resolved any issues. In addition, he believed this measure only served to push the problem outside of schools where pupils would now buy the same products. He went so far as to claim VMs in school had the advantage of offering more expensive products than supermarkets, thus comparatively being more effective at limiting children's purchases because of their cost.[157] Others also noted the responsibility to educate rested with parents, who needed to take more responsibility for the behaviours of their children.[158] Finally, because of the disputed effectiveness of such bans due to the potential for compensation effects,[159] the industry argued the ban would be ineffective at dealing with obesity and that the Government were simply using them as scapegoats to the issue.[160] The Government responded to such claims, stating VMs only represented 1.5 % of the total number of machines in France and so did not, in their view, represent a major threat to the sector of activity.[161]

Media

The different French media sources studied in this case study seemed to have overwhelmingly been in favour of the introduction of the policy, particularly those looking at the topic in retrospect. Dominique Turck for instance, affirmed the ban was an important symbol in the fight against obesity and demonstrated the role of schools in promoting health and that, the fact the industry was trying to fight the ban alone, was a good justification to carry on with it.[162] The magazine Le Figaro, which had long been in favour of such interventions, noted that even if the effects of the

[155] Capacci, Mazzocchi, and Shankar, "Breaking habits", 89.
[156] Pinsac, *Interdiction des distributeurs.*
[157] Le Figaro. "Obésité: les distributeurs automatiques."
[158] Pinsac, *Interdiction des distributeurs.*
[159] Taber, Daniel R., Jamie F. Chriqui, Renee Vuillaume, and Frank J. Chaloupka. "How state taxes and policies targeting soda consumption modify the association between school vending machines and student dietary behaviors: a cross-sectional analysis." *PLoS One* 9, no. 8 (2014).
[160] Pinsac, *Interdiction des distributeurs.*
[161] Sénat, "Distributeurs automatiques dans les écoles."
[162] Dominique Turck, "Fallait-il supprimer les distributeurs dans les établissements scolaires ?," Institut Danone, 2014.

policy had been minimal, this was still enough to maintain it.[163] Other newspapers conceded the ban was important if France did not want to reach the levels of obesity in children in the rest of Europe.[164] Overall, many generally expressed favourable positions towards it, stating it was a good step towards keeping children healthy and were happy to see health policies being prioritised over the interests of the food/drink and VM industries.[165,166,167,168]

Some urged the Government to go further in promoting health. The league for the rights of children noted this was a good first step, however, that it was far from being sufficient. They suggested more needed to be done to educate children on good nutritional practices and that all the other contributing factors to obesity also needed to be addressed. They referred to this issue as simply the "tip of the iceberg" and that the Government ought to pay attention to socio-economic factors such as alienation and poverty.[169]

Interestingly, the English-language press seemed to have portrayed the issue as more controversial than it appeared in French media. An American newspaper's article *France Surrenders to Food Gestapo* heavily denounces the policy. *"We guess the French school children will have to say au revoir to many of their favorite foods, and bonjour to organic bean sprouts and tofurkey."*[170] They criticised, not only the ban, but also the discussions around taxes on marketing expenditures for SSBs and snacks and called the American Obesity Association misguided for wishing to implement a tax similar to the French

---

163 Romy Raffin, "L'interdiction des snacks à l'école réduit l'obésité," *Le Figaro Santé*, 2012, accessed August 2023, https://sante.lefigaro.fr/actualite/2012/08/13/18790-linterdiction-snacks-lecole-reduit-lobesite

164 Marie Privé, "Les distributeurs de sodas dans les collèges et lycées, c'est bientôt fini !," *Femme Actuelle*, 2017, accessed August 2023, https://www.femmeactuelle.fr/enfant/news-enfant/distributeurs-sodas-colleges-et-lycees-bientot-fini-42900

165 Christian De Bock, "L'interdiction des distributeurs de sodas et snacks sucrés à l'école," Éducation Santé, 2005, accessed August 2023, https://educationsante.be/linterdiction-des-distributeurs-de-sodas-et-snacks-sucres-a-lecole/#:~:text=La%20Ministre%20de%20l'Enseignement,des%20aliments%20jug%C3%A9s%20plus%20di%C3%A9t%C3%A9tiques

166 Environnement Favorable à la Santé, "Distributeurs dans les écoles," accessed August 2023, https://www.environnements-sante.ch/mesure/distributeurs-dans-les-ecoles/

167 Philippe Le Coeur, "Polémique sur les distributeurs alimentaires à l'école," *Le Monde*, 2005, accessed August 2023, https://www.lemonde.fr/societe/article/2005/03/24/polemique-sur-les-distributeurs-alimentaires-a-l-ecole_630928_3224.html

168 Destination Santé, "Les distributeurs à l'école, c'est fini," Destination Santé, 2005, accessed August 2023, https://destinationsante.com/les-distributeurs-a-l-ecole-c-est-fini.html

169 Ligue des droits de l'enfant. "Le danger des sodas sur la santé de nos enfants." 2020, accessed August 2023, https://www.liguedroitsenfant.be/3387/le-danger-des-sodas-sur-la-sante-de-nos-enfants/#:~:text=Les%20r%C3%A9sultats%20de%20ces%20recherches,en%20premier%20lieu%20le%20foie

170 Center for Consumer Freedom. "France Surrenders to Food Gestapo." 2004, accessed August 2023, https://consumerfreedom.com/2004/08/2613-france-surrenders-to-food-gestapo/

mandate.[171] Other newspapers also made claims that the measure was radical, calling it *"one of the most extreme actions taken by a government in the name of the war on obesity"*.[172] However, generally, much of the press also seemed in favour of the ban and similar interventions in schools. Both The New York times and other newspapers noted France had been at the forefront of tackling obesity with policies such as this ban or the banning of free refills for sodas.[173,174] The Guardian also showed a favourable opinion towards the policy,[175] while the CS Monitor presented the policy as controversial but influential for the rest of Europe, where countries then took steps in similar directions. *"Several European countries are following France's lead. Last month, authorities in Brussels banned vending machines in all of the city's primary schools. In Germany, local officials now ban kiosks from selling candy and sodas near schools."*[176] Overall press reactions were thus positive towards the issue of the ban of VMs, showing some progress in the perceptions of sugar policies. As the WHO noted *"if, just two decades ago, a politician had suggested banning the advertising of soft drinks on children's television, putting red warning signals on foods containing more than 20% fat or banning vending machines from schools, he or she would have been called an extremist, lost political party support and considered a liability by constituents."*[177]

Conclusion

The French VMs ban was one of the first policies of its kind in Europe, aiming to limit access to unhealthy foods and making school environments more suitable to promoting nutritional education. The policy followed from a number of studies linking the presence of VMs in school to higher consumption of unhealthy foods and obesity. Set to meet the goals of the *Programme National Nutrition Santé*, the intervention did show some success in reducing the sugar intakes from snacking among schoolchildren by reducing access to competitive food sources, especially SSBs. Despite pushback from the industry, the ban was welcome by academics, the public and the French press, as part of a series of policies to improve child health and the wider debate on obesity in French society.

---

[171] Ibid.
[172] Mercer, Chris. "France launches controversial school vending machine ban." *Beverage Daily*, 2005, accessed August 2023, https://www.beveragedaily.com/Article/2005/09/02/France-launches-controversial-school-vending-machine-ban
[173] Freytas-Tamura, Kimiko. "France Bans Free Soda Refills in Attack on Obesity." The New York Times, 2017, accessed August 2023, https://www.nytimes.com/2017/01/27/world/europe/france-soda-refill-ban.html
[174] The Local. "France bans unlimited refills of soft drinks." *The Local*, 2015, accessed August 2023, https://www.thelocal.fr/20150402/french-mps-ban-unlimited-soda-refils
[175] Henley, Jon. "Snack Attack." The Guardian, 2005, accessed August 2023, https://www.theguardian.com/education/2005/sep/07/schoolsworldwide.world
[176] de Pommereau, Isabelle. "French schools' new bête noire: vending machines." The Christian Science Monitor, 2004, accessed August 2023, https://www.csmonitor.com/2004/1008/p01s02-woeu.html
[177] Branca et al., *The challenge of obesity*, 293.

Chapter 4 – Chile: Front-of-pack Labelling

Introduction

In 2012, the Government of Chile approved the Law of Nutritional Composition of Food and its Advertising (Ley 20.606), which subsequently came into effect in June of 2016.[178,179] This law was distinctive, in that it featured a package of different interventions related to HFSS foods, including marketing regulations, restrictions on where these foods could be sold (i.e., schools) and new rules regarding their labelling. Such labelling included both the enforcing of accurate nutritional information on packages and, the focus of this case study: the use of front-of-pack (FOP) warning labels. The law set new limits for foods and beverages considered high in sodium, saturated fat, sugar and calories. Any food, which is above the set limits, must now feature the FOP warnings, stating "High In" for any of these elements, e.g., "High in Sugar". The FOP labelling also features "Ministry of Health" written on the warnings.[180] The law provided specifications for the size, placement and font of the warning messages. The nutrient limits have been changed incrementally, in three phases, to encourage the food industry to reformulate their products progressively.[181]

This law essentially established a framework to define unhealthy food in an attempt to guide consumers to purchase healthier items and inform them about nutrition. The law itself has eleven articles, which detail the obligations of manufacturers, producers and importers of food. They must ensure the labelling of their products with complete and accurate information and ensure the information and labels are sufficiently visible and follow the Governmental regulations.[182] The law also defines a number of foods exempt from labelling such as those without added sugars, sodium or saturated fats.[183] The policy was one of many implemented by the Chilean government to tackle the growing rates of obesity, particularly as obesity is highly prevalent among children in the

[178] Ministerio de Salud, *Informe de evaluación de la implementación de la ley sobre composición nutricional de los alimentos y su publicidad, Subsecretaría de Salud Pública*. Santiago: División de Políticas Públicas Saludables y Promoción. Departamento de Nutrición y Alimentos 2017.
[179] World Cancer Research Fund International. "Nourishing framework." Nutrition label standards and regulations on the use of claims and implied claims on food. Clearly visible "interpretative" labels and warning labels, accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/
[180] Ibid.
[181] Reyes, Marcela, Lindsey Smith Taillie, Barry Popkin, Rebecca Kanter, Stefanie Vandevijvere, and Camila Corvalán. "Changes in the amount of nutrient of packaged foods and beverages after the initial implementation of the Chilean Law of Food Labelling and Advertising: A nonexperimental prospective study." *PLoS medicine* 17, no. 7 (2020).
[182] Ministerio de Salud, *Informe de evaluación de la implementación de la ley.*
[183] Ibid.

country. Other interventions, for instance, include an ad valorem SSB tax, introduced in 2014.[184] The policy has been influential abroad as *"similar warning-label policies have since been adopted in Peru, Uruguay, and Israel in 2018, and policies are currently under public review/potential finalization phases in Brazil and Mexico, among others."*[185] Numerous organisations including the, FAO and Pan American Health Organisation, have publicly supported this law.[186]

Sugar and Obesity in Chile

Health issues associated with malnutrition and obesity are the leading cause of death and years of life lost to disability (YLDs) worldwide. While 158 million children under 5 years of age are stunted, excess weight (including obesity) affects 42 million children and 1.9 billion adults.[187] Obesity and weight related issues have become increasingly prevalent in Latin America over the last decades. However, countries have been affected differently. Although obesity for under-5s stands at less than 5% in Colombia or Guatemala, it is around 35% in Chile.[188] In fact, Chile is one of the Latin American countries that has struggled the most with obesity since its economic liberalisation in the 1980s. This issue is well understood by the Government, which has made obesity prevention a priority on its agenda. In the manual for the implementation of Ley 20.606, the Chilean Ministry of Health writes

"In Chile, obesity and overweight are one of the most relevant health problems today, considering […] more than 60% of the population is overweight. One of the main determinants of this condition is the poor quality of diet that incorporates foods with excess calories, sodium, sugars and saturated fats."[189]

---

[184] Obesity Evidence Hub. "Countries that have taxes on sugar-sweetened beverages (SSBs)." accessed August 2023, https://www.obesityevidencehub.org.au/collections/prevention/countries-that-have-implemented-taxes-on-sugar-sweetened-beverages-ssbs#:~:text=Chile%3A%20Until%202013%2C%20Chile%20had,than%20this%20threshold%20of%20sugar

[185] Taillie, Lindsey Smith, Marcela Reyes, M. Arantxa Colchero, Barry Popkin, and Camila Corvalán. "An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study." *PLoS medicine* 17, no. 2 (2020): 4.

[186] Organización Panamericana de la Salud, "OPS/OMS celebra ley de alimentos en Chile como ejemplo para el resto de los países de las Américas," *Organización Panamericana de la Salud*, (2018), accessed August 2023, https://web.archive.org/web/20180904120925/https://www.paho.org/chi/index.php?option=com_content&view=article&id=845:opsoms-celebra-ley-de-alimentos-en-chile-como-ejemplo-para-el-resto-de-los-paises-de-las-americas&Itemid=1005

[187] Reyes, Marcela, and Camila Corvalan. "Latin American food labelling: Review and recent developments." *Health Claims and Food Labelling* (2019): 179.

[188] Ibid.

[189] Ministerio de Salud, *Manual de Etiquetado Nutricional de Alimentos*. Santiago: Ministerio de Salud, 2017, 6.

Chile experienced a rapid epidemiological transition since the 1960s,[190] reducing the prevalence of infant mortality and infectious diseases and shifting towards NCDs. Its economic growth was accompanied by the adoption of Western sedentary lifestyles, with less physical activity and diets richer in calories, poorer in fibre and the consumption of more processed foods. "*This has led to epidemic rates of obesity, which are particularly high within the lower socioeconomic segment."*[191] In fact, Chilean consumption of SSBs,[192,193,194] HFSS foods and HPFs[195,196,197] are amongst the highest in the world, making Chile one of the top OECD countries for over-nutrition. And, "*although the country is a globally relevant producer of fruits and vegetables, only 15% of the population eats the recommended serving per day."*[198,199] Similarly to many other countries, time spent preparing food has decreased and snacking increased.[200] This is significant, in part, as studies have shown snacks eaten outside of the home, including at school, tend to be higher in fats, sugars or salt.[201] Many of these snacks consumed in the country are highly-processed. These have also been associated with excess weight[202] and

190 Szot Meza, Jorge. "La transición demográfico-epidemiológica en Chile, 1960-2001." *Revista española de salud pública* 77, no. 5 (2003): 605-613.
191 Bambs, Claudia, Roberto Bravo-Sagua, Paula Margozzini, and Sergio Lavandero. "Science and health policies to tackle chronic diseases in Chile." *Trends in Endocrinology & Metabolism* 31, no. 2 (2020): 67.
192 Popkin, Barry M., and Corinna Hawkes. "Sweetening of the global diet, particularly beverages: patterns, trends, and policy responses." *The lancet Diabetes & endocrinology* 4, no. 2 (2016): 174-186.
193 Taillie, Lindsey Smith, Maxime Bercholz, Barry Popkin, Marcela Reyes, M. Arantxa Colchero, and Camila Corvalán. "Changes in food purchases after the Chilean policies on food labelling, marketing, and sales in schools: a before and after study." *The Lancet Planetary Health* 5, no. 8 (2021): 532.
194 Stoltze, Fernanda Mediano, Joshua O. Barker, Rebecca Kanter, Camila Corvalán, Marcela Reyes, Lindsey Smith Taillie, and Francesca R. Dillman Carpentier. "Prevalence of child-directed and general audience marketing strategies on the front of beverage packaging: the case of Chile." *Public health nutrition* 21, no. 3 (2018): 454.
195 Boza, Sofia, Victor Saco, and Rodrigo Javier Polanco. "Front-of-package nutrition labelling in Latin America: review of the cases of Chile and Peru." *Boletim do Instituto de Saúde* 21, no. 1 (2021): 142.
196 Reyes and Corvalan, Latin American food labelling, 181.
197 Moubarac, Jean-Claude. "Ultra-processed food and drink products in Latin America: trends, impact on obesity, policy implications." *Pan American Health Organization World Health Organization: Washington, DC, USA* (2015): 1-60.
198 Boza, Saco, and Polanco, Front-of-package nutrition labelling, 142.
199 Ministerio de Salud. *Encuesta Nacional de Salud 2016-2017*. "Primeros resultados," Santiago: Subsecretaría de Salud Pública, 2017.
200 Rebolledo, Natalia, Marcela Reyes, Camila Corvalán, Barry M. Popkin, and Lindsey Smith Taillie. "Dietary intake by food source and eating location in low-and middle-income Chilean preschool children and adolescents from Southeast Santiago." *Nutrients* 11, no. 7 (2019): 1-2.
201 Ibid., 16.
202 Mendonça, Raquel de Deus, Adriano Marçal Pimenta, Alfredo Gea, Carmen de la Fuente-Arrillaga, Miguel Angel Martinez-Gonzalez, Aline Cristine Souza Lopes, and Maira Bes-Rastrollo. "Ultraprocessed food consumption and risk of overweight and obesity: the University of Navarra Follow-Up (SUN) cohort study." *The American journal of clinical nutrition* 104, no. 5 (2016): 1433-1440.

problems such as hypertension[203] and some cancers,[204] while overconsumption of SSBs has been repeatedly associated with weight gain, glucose dysregulation, and the development of NCDs like type 2 diabetes.[205,206,207] Obesity is thus one of the most prevalent chronic diseases in all groups of the population with only 12.9% of Chileans adhering to the recommendations of the Chilean National Dietary Guidelines[208] and HPFs account for over half of total energy consumption.[209,210]

Given Chile's high SSB consumption, these were the target of many of the policies implemented in the country. The FOP labelling policy aimed to both directly reduce the consumption of free sugars (amongst other nutrients) as well as encourage industry to reformulate their products to reduce the quantities of sugars in them, particularly those consumed by children. It had been noted products marketed at children in Chile, including beverages and snacks using *"child-directed characters or nature/fruit references were higher in total sugar and beverages with child-directed characters or childhood/ family references were higher in energy than beverages without these respective strategies".*[211] The policies therefore placed high importance on improving the diets of children and the products marketed at them.

---

[203] Mendonça, Raquel de Deus, Aline Cristine Souza Lopes, Adriano Marçal Pimenta, Alfredo Gea, Miguel Angel Martinez-Gonzalez, and Maira Bes-Rastrollo. "Ultra-processed food consumption and the incidence of hypertension in a Mediterranean cohort: the Seguimiento Universidad de Navarra Project." *American journal of hypertension* 30, no. 4 (2017): 358-366.

[204] Rico-Campà, Anaïs, Miguel A. Martínez-González, Ismael Alvarez-Alvarez, Raquel de Deus Mendonça, Carmen de la Fuente-Arrillaga, Clara Gómez-Donoso, and Maira Bes-Rastrollo. "Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study." *bmj* 365 (2019).

[205] Taillie et al., An evaluation of Chile's Law of Food Labeling and Advertising, 3.

[206] Malik, Vasanti S. "Sugar sweetened beverages and cardiometabolic health." *Current opinion in cardiology* 32, no. 5 (2017): 572-579.

[207] Imamura, Fumiaki, Laura O'Connor, Zheng Ye, Jaakko Mursu, Yasuaki Hayashino, Shilpa N. Bhupathiraju, and Nita G. Forouhi. "Consumption of sugar sweetened beverages, artificially sweetened beverages, and fruit juice and incidence of type 2 diabetes: systematic review, meta-analysis, and estimation of population attributable fraction." *Bmj* 351 (2015).

[208] Departamento de Nutrición, Universidad de Chile, *Encuesta Nacional de Consumo Alimentario.* Santiago: Ministerio de Salud, 2010.

[209] Jensen, Melissa L., Camila Corvalán, Marcela Reyes, Barry M. Popkin, and Lindsey Smith Taillie. "Snacking patterns among Chilean children and adolescents: is there potential for improvement?." *Public health nutrition* 22, no. 15 (2019): 2803.

[210] Cediel, Gustavo, Marcela Reyes, Maria Laura da Costa Louzada, Euridice Martinez Steele, Carlos A. Monteiro, Camila Corvalán, and Ricardo Uauy. "Ultra-processed foods and added sugars in the Chilean diet (2010)." *Public health nutrition* 21, no. 1 (2018): 125-133.

[211] Stoltze et al., Prevalence of child-directed and general audience marketing strategies, 454.

The Policy and its Impacts



Figure 11.3 Mandatory FOP label implemented in Chile (2016). Octagons read, from left to right: "HIGH IN SUGARS, HIGH IN SATURATED FATS, HIGH IN SODIUM, HIGH IN CALORIES"; all octagons display in the bottom: "Ministry of Health".

Source: Reyes and Corvalan, "Latin American Food Labelling," 187.

This law was the first of its kind in Chile, in that it jointly mandated a range of policies aimed at tackling obesity, including FOP labelling, marketing restrictions and changing school food environments. The marketing regulation alone was unique in that *"it restricts unhealthy food marketing on […] products across a wider range of media, and it prohibits use of more marketing techniques".*[212]

Overall, academic responses were favourable to the policy post implementation, indicating it had been effective, praising the use of use of the package of interventions and suggesting the Government should continue using such measures.[213,214,215,216] Taillie et al., argued the law *"improved the nutritional content of the food supply, reduced unhealthy food marketing to children, reduced avail ability of unhealthy foods in schools, and helped people, better identify unhealthy products and discouraged their consumption."*[217] However, others pointed out some improvements needed to be made in the area of communicating knowledge on the nutrient content of products to help consumers make choices

[212] Taillie et al., An evaluation of Chile's Law of Food Labeling and Advertising, 4.
[213] Osiac, Lorena Rodríguez, Cristian Cofré, Tito Pizarro, Cristián Mansilla, Cristian A. Herrera, Jaime Burrows, and Carmen Castillo. "Using evidence-informed policies to tackle overweight and obesity in Chile." *Revista Panamericana de Salud Pública* 41 (2018).
[214] Popkin, Barry M., Simon Barquera, Camila Corvalan, Karen J. Hofman, Carlos Monteiro, Shu Wen Ng, Elizabeth C. Swart, and Lindsey Smith Taillie. "Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating." *The Lancet Diabetes & Endocrinology* 9, no. 7 (2021): 462-470.
[215] Ibid.
[216] Patterson, Rosemarie R., Sangeetha Sornalingam, and Max Cooper. "Tackling childhood obesity in the wake of covid-19: lessons from Chile." *BMJ: British Medical Journal (Online)* 373 (2021).
[217] Taillie et al., "Changes in Food Purchases," 531.

which fit their dietary patterns[218] and that the Government ought to set up strict monitoring of the labelling implementation to ensure best practices are maintained.[219]

This law took many years to be put in place. After five years of debate in parliament, the policy was finally approved in 2012. Three years of work then took place to write the regulation, which was published in 2015, before the labels starting appearing in June of 2016.[220] Chile was the first country to implement FOP labels of this kind, which are entirely nutrient specific rather than summaries of the contents of the product and solely focus on the negative aspects of the foods.[221] *"Evaluations were done by the Chilean Ministry of Health after 6 and 18 months, enforcement effort and large food industry compliance were examined and the results showed that 92.9% of the public recognised the labels and 43.8% said they used them to inform food purchases; similar results were obtained among children in another report early in the implementation phase."*[222]

Studies found the use of simple labels such as the ones used in Chile could be more effective in shaping shopping decisions than other forms of labelling such as traffic light systems.[223] It is unclear from the literature whether these labels led to "fatigue", whereby individuals use them less to make decisions over time.[224,225] The thresholds for foods to be considered "High In" were progressively increased to encourage reformulation. They were increased as such (the first represents solid foods and the second liquids):

---

218 Gregori, Dario, Simonetta Ballali, Maria Gabriella Vecchio, Luis Marcel Valenzuela Contreras, Jorge Baeza Correa, Cecilia Bahamonde Perez, Jorge Barrera Luengo et al. "How to communicate nutritional information to people: the attitudes of Chile population toward food." *The Open Obesity Journal* 5, no. 1 (2013).

219 Jones, Alexandra, Bruce Neal, Belinda Reeve, Cliona Ni Mhurchu, and Anne Marie Thow. "Front-of-pack nutrition labelling to promote healthier diets: current practice and opportunities to strengthen regulation worldwide." *BMJ global health* 4, no. 6 (2019).

220 Reyes and Corvalan, Latin American food labelling, 185-186.

221 Ibid., 187.

222 Ibid.

223 Taillie et al., An evaluation of Chile's Law of Food Labeling and Advertising, 15.

224 Correa, Teresa, Camila Fierro, Marcela Reyes, Lindsey Smith Taillie, Francesca Renee Dillman Carpentier, and Camila Corvalán. "Why don't you [Government] help us make healthier foods more affordable instead of bombarding us with labels? Maternal knowledge, perceptions, and practices after full implementation of the Chilean food labelling law." *International Journal of Environmental Research and Public Health* 19, no. 8 (2022).

225 Schnettler, Berta, Gastón Ares, Néstor Sepúlveda, Silvana Bravo, Blanca Villalobos, Clementina Hueche, and Cristian Adasme-Berríos. "How do consumers perceive reformulated foods after the implementation of nutritional warnings? Case study with frankfurters in Chile." *Food quality and preference* 74 (2019): 179-188.





Source: Ministerio de Salud. *Ley de Alimentos: Manual de Etiquetado Nutricional*. Santiago: Ministerio de Salud, 2019.[226]

A study found the implementation of the labelling law led to a decrease of 23.7% in purchase of "High In" beverages.[227] *"This translates into roughly 12 fewer calories and 2.7 fewer grams of sugar purchased per capita per day from high-in beverages."*[228] This decline in consumption is larger than estimates of the

[226] *Accessed August 2023, https://www.minsal.cl/ley-de-alimentos-manual-etiquetado-nutricional/
[227] Taillie et al., An evaluation of Chile's Law of Food Labeling and Advertising, 13-14.
[228] Ibid., 14.

decline in SSB consumption following the country's 2014 SSB tax, which raised the tax on soft drinks from 13% to 18%.[229] The authors of the study note *"these results suggest that policymakers and public health advocates should consider a package of policies, including FOP warning labels, marketing restrictions, and school sales policies alongside SSB taxes as important strategies for reducing population-level purchase and intake of SSBs."*[230] Other studies presented similar findings: that there had been a decrease in sugar and calorie purchases of 7-9% for Walmart customers in Chile over two years after the law was introduced.[231]

SSBs were not the only products affected by the policy. Another study found the calories purchased from "High In" foods showed a greater absolute decrease than those of beverages. In addition, while beverages saw a higher reduction in sugar (through reformulation), foods showed a higher decrease in saturated fats and sodium.[232] In fact, one of the benefits of this series of interventions was that it led industry to reformulate many different products so they would fall under the thresholds for mandatory labelling. SSBs were the most reformulated products and their original formulation (with the FOP label) had the highest reductions in purchases.[233] A study of 1915 foods in 16 product categories found 15% of products had been reformulated after the implementation of the policy, with statistically significant changes in the quantities of sugar and sodium.[234,235]

Overall, the public was favourable towards the labelling. For instance, studies into how mothers perceived the policy showed they largely approved of the labels and regularly used them when making purchase decisions. They found them to be especially useful when buying new products. Mothers also stated young children tended to accept the changes in the school environment more easily than teens. The mothers in the study generally agreed schools became healthier environments and that the regulations contributed to better eating patterns (as foods with labels could no longer be sold in schools).[236] A scoping review on the impacts of the FOP labelling in

[229] Ibid.
[230] Ibid., 15.
[231] Barahona, Nano, Cristóbal Otero, and Sebastián Otero. "Equilibrium effects of food labeling policies." *Econometrica* 91, no. 3 (2023): 839-868.
[232] Taillie et al., "Changes in Food Purchases," 526-533.
[233] da Silva, Cintia Pereira, Aline Cristina Bento, and Elaine Guaraldo. "The impact of front-of-the-packaging nutrition labelling warnings on consumer habits: a scoping review exploring the case of the Chilean Food Law." *British Food Journal* 124, no. 13 (2022): 74.
[234] Ibid., 75.
[235] Corvalán, Camila, Teresa Correa, Marcela Reyes, and Guillermo Paraje. *Impacto de la ley Chilena de Etiquetado en el Sector Productivo Alimentario*. Food & Agriculture Org., 2021: pp.86.
[236] Correa, Teresa, Camila Fierro, Marcela Reyes, Francesca R. Dillman Carpentier, Lindsey Smith Taillie, and Camila Corvalan. "Responses to the Chilean law of food labeling and advertising: exploring

Chile also indicated *"consumers supported the implementation of the FOPWL and thought that it is a good strategy to help make healthier food choices for themselves",*[237] while a number of surveys and news sources also demonstrated instances of public support for the interventions,[238,239] e.g., in 2018, one survey noted 78% of Chileans supported the law.[240]

Equity

Many of the discussions (and some of the controversy) around the Ley 20.606 centred on equity, socio-economic disparities and whether the policy was fair. In Latin America much of the burden of obesity rests with lower socio-economic households,[241,242] partly, as income is an important determinant of the foods families are able to purchase. Education is also often seen as one explanation for these disparities. Indeed, *"education may influence purchasing decisions by affecting how well an individual is able to understand the information communicated in nutrition education messages or food labels. Education is also correlated with higher financial and non-financial resources, which can likewise influence food choices."*[243] In addition, lower-income groups can attribute a lower value to the goals of the policy.[244] Education can therefore have an impact on the ability to reach policy goals equitably. Different evaluations of the effect of the policy on purchases of SSBs found households with higher levels of education had higher reductions in SSB consumption than households with lower levels of education, as higher levels of health literacy are associated with being more likely to use and

knowledge, perceptions and behaviors of mothers of young children." *International Journal of Behavioral Nutrition and Physical Activity* 16, no. 1 (2019): 1-10.

[237] da Silva, Bento, and Guaraldo, "The impact of front-of-packaging," 74.

[238] Carolina Mila Torres and Diana Guarnizo, "En Chile el 80% de la población mira los sellos de advertencia cuando hace mercado": nutricionista chilena," *Dejusticia*, 2018, accessed August 2023, https://www.dejusticia.org/en-chile-el-80-de-la-poblacion-mira-los-sellos-de-advertencia-cuando-hace-mercado-nutricionista-chilena/

[239] Jane Chambers, "The labels encouraging Chileans to buy healthier food," *BBC News*, 2021, accessed August 2023, https://www.bbc.com/news/world-latin-america-57553315

[240] Radio Agricultura, "El 78% de los chilenos apoya Ley de Etiquetado según encuesta Activa Research," *Radio Agricultura*, June 27, 2018, accessed August 2023, https://www.radioagricultura.cl/nacional/2018/06/27/el-78-de-los-chilenos-apoya-ley-de-etiquetado-segun-encuesta-activa-research/

[241] Corvalán, C., M. L. Garmendia, J. Jones-Smith, C. K. Lutter, J. Jaime Miranda, L. S. Pedraza, B. M. Popkin, M. Ramirez-Zea, D. Salvo, and A. D. Stein. "Nutrition status of children in Latin America." *Obesity Reviews* 18 (2017): 7-18.

[242] Moradi-Lakeh, Maziar, Charbel El Bcheraoui, Marwa Tuffaha, Farah Daoud, Mohammad Al Saeedi, Mohammed Basulaiman, Ziad A. Memish, Mohammad A. AlMazroa, Abdullah A. Al Rabeeah, and Ali H. Mokdad. "Tobacco consumption in the Kingdom of Saudi Arabia, 2013: findings from a national survey." *BMC public health* 15, no. 1 (2015): 1-10.

[243] Taillie et al., An evaluation of Chile's Law of Food Labeling and Advertising, 4.

[244] Moreno, Hernández, and Oyarzún Macchiavello MT. "Attitudes of Chilean students from different socioeconomic levels at the beginning of the implementation of the law governing the sale and advertising of foods high in critical nutrients." *Nutricion Hospitalaria* 34, no. 2 (2017): 431-438.

understand labels and nutritional information.[245,246,247,248] Education thus affects the outcomes of policies on individuals in different ways. Though there is value in education and providing information in itself, where high-agency interventions such as this one, can sometimes increase health disparities,[249,250] it is important to both, reflect on the potential effects of education, as well as consider the use of different policies, to not reinforce health inequities.

However, although high-income households showed more significant changes following the policy, other studies still maintained the labels were well understood across socio-economic categories. Correa et al.'s study of the effects of the policy on mothers pointed out the labels were well known and used by mothers of diverse socio-economic groups.[251] In addition, in some instances, children from lower socio-economic households had become key disseminators of the ideas of the policy.[252] These differences in education and socio-economic status ought to be considered where they can make a difference to the outcomes of a policy across income households. Failure to do so, can contribute to creating more inequalities between income groups and hinder preventative health strategies. However, the package of policies was still praised as one, which aimed to tackle the structural factors behind inequities, as it both informed the public and helped change the dietary habits of children, which are usually carried into adulthood. Moreover, by focusing on many different types of interventions, rather than merely providing nutritional information (e.g., marketing restrictions), this law likely limited its potential for increasing disparities.

Industry Pushback

Unsurprisingly perhaps, the industry opposed the policy. The industry lobbied against the implementation of the law, arguing it restricted freedom and suggested an alternative FOP labelling

---

[245]Taillie et al., An evaluation of Chile's Law of Food Labeling and Advertising, 4.
[246] Cha, EunSeok, Kevin H. Kim, Hannah M. Lerner, Colleen R. Dawkins, Morenike K. Bello, Guillermo Umpierrez, and Sandra B. Dunbar. "Health literacy, self-efficacy, food label use, and diet in young adults." *American journal of health behavior* 38, no. 3 (2014): 331-339.
[247] Kelly, Bridget, Clare Hughes, Kathy Chapman, Jimmy Chun-Yu Louie, Helen Dixon, Jennifer Crawford, Lesley King, Mike Daube, and Terry Slevin. "Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market." *Health promotion international* 24, no. 2 (2009): 120-129.
[248] Campos, Sarah, Juliana Doxey, and David Hammond. "Nutrition labels on pre-packaged foods: a systematic review." *Public health nutrition* 14, no. 8 (2011): 1496-1506.
[249] White, Martin, Jean Adams, and Peter Heywood. "How and why do interventions that increase health overall widen inequalities within populations?." In *Social inequality and public health*, pp. 65-82. Policy Press, 2009.
[250] Adams, Jean, Oliver Mytton, Martin White, and Pablo Monsivais. "Why are some population interventions for diet and obesity more equitable and effective than others? The role of individual agency." *PLoS medicine* 13, no. 4 (2016).
[251] Correa et al., "Responses to the Chilean Law," 1-10.
[252] Ibid.

system.[253] Several companies also challenged the implementation of the law in court.[254] The same difficulties were encountered in Chile when the increase in the taxation of SSBs was proposed. *"In this case, the industry claimed that there was a lack of evidence to support the policy and that the tax would be a barrier to the economic development of the country."*[255]

Industry representatives argued the policy interfered with freedom of expression. The National Association of Advertisers of Chile for instance, noted: *"freedom of expression is an impassable value and that advertising is a legitimate form of communication that aims to make people aware of the products and services available in the market."*[256] Some companies even refused to comply with some of the regulations, notably regulations requiring them to remove cartoon characters from some of their products. This led to Chile's national consumer agency to prosecute a number of firms including Kelloggs, Nestle and Masterfoods.[257] Reportedly, industry actors also attempted to shape policy outcomes through attempts to influence research and through building alliances with communities and in academia.[258]

Media and Institutional Responses

The majority of the news and media sources examined in this case study, both international and within Chile, praised the implementation of the policy and pointed to areas where it had been successful. The NY Times referred to the policy as the *"world's most ambitious attempt to remake a country's food culture"*[259] and a model on how to turn the tide against the obesity epidemic.[260] The NYC Food Policy Centre stated the law demonstrated the Chilean government's commitment to prioritising the health of its citizens,[261] while a number of papers affirmed the policy had made

253 Mialon, Mélissa, Camila Corvalan, Gustavo Cediel, Fernanda Baeza Scagliusi, and Marcela Reyes. "Food industry political practices in Chile:"the economy has always been the main concern". *Globalization and Health* 16 (2020): 1-12.
254 Ibid.
255 Ibid., 2.
256 Boza, Sofía, Mónica Guerrero, Rocío Barreda, and Macarena Espinoza. "Recent changes in food labelling regulations in Latin America: the cases of Chile and Peru." (2017): 14.
257 Carreno, Ignacio, and Tobias Dolle. "The relationship between public health and IP rights: Chile prosecutes Kellogg's, Nestlé and Masterfoods for using cartoons aimed at attracting children." *European Journal of Risk Regulation* 8, no. 1 (2017): 170-177.
258 Mialon et al., "Food Industry Political Practices," 1-12.
259 Andrew Jacobs, "In Sweeping War on Obesity, Chile Slays Tony the Tiger," *The New York Times*, 2018, accessed August 2023, https://www.nytimes.com/2018/02/07/health/obesity-chile-sugar-regulations.html
260 Ibid.
261 Alexina Cather, "Front-Package 'Excess Of' Labeling, Chile: Urban Food Policy Snapshot," NYC Food Policy Center, December 20, 2016, accessed August 2023, https://www.nycfoodpolicy.org/front-package-excess-labeling-chile-urban-food-policy-snapshot/

Chile a model for the rest of the world.[262] The FAO also stated: *"The Chilean model shows that the change in consumer habits and producer practices can take place when they are supported by appropriate policies and legal frameworks".*[263]

Articles cited evidence from research that the policy had contributed to reduce the consumption of a number of "High In" products, notably SSBs and breakfast cereals.[264,265,266,267,268] *"A drop of almost a quarter (23.7%) in the consumption of sugary drinks was observed as soon as the new law, only in the space of 18 months. […] As a result, the food industry is reformulating products at an unprecedented rate, and warning labels are being removed from the new and improved options."*[269] In addition, that the reduction in purchasing of "High In" drinks was greater after the package of policies than the ones observed with standalone policies such as the SSB tax.[270]

Media sources also affirmed the public showed approval and trust towards the labels. CIPER Chile, for instance, notes having the labels gives people a greater sense of control and autonomy when making decisions about their food purchase as they enable easy identification of the products that are harmful and help them find healthier foods.[271]

---

[262] El Periodista, "La exigencia de una alimentación saludable: el desafío post Ley de Etiquetados," El Periodista, 2019, accessed August 2023, https://www.elperiodista.cl/2019/08/la-exigencia-de-una-alimentacion-saludable-el-desafio-post-ley-de-etiquetados/

[263] AméricaEconomía, "FAO premia a los impulsores de la ley de etiquetado en Chile," Cluster Salud, 2019, accessed August 2023, https://clustersalud.americaeconomia.com/sector-publico/fao-premia-los-impulsores-de-la-ley-de-etiquetado-en-chile

[264] El Mostrador, "¿Se compran menos productos etiquetados "alto en…"?," El Mostrador, 2018, accessed August, 2023, https://www.elmostrador.cl/noticias/opinion/2018/07/02/se-compran-menos-productos-etiquetados-alto-en/

[265] Publimetro, "Ley de etiquetado: los grandes cambios que trae la tercera etapa," *Publimetro*, 2019, accessed August 2023, https://www.publimetro.cl/cl/noticias/2019/06/27/ley-etiquetado.html

[266] BBC News Mundo, "Etiquetado de alimentos: qué cambia con la nueva normativa de México inspirada en Chile (y qué resultados dio en el país sudamericano)," *BBC News Mundo*, 2020, accessed August 2023, https://www.bbc.com/mundo/noticias-america-latina-54367118

[267] Food Processing, "Study: Front-Pack Symbols Affect Buying," Food Processing, 2022, accessed August 2023, https://www.foodprocessing.com/business-of-food-beverage/international/news/11289347/study-frontpack-symbols-affect-buying

[268] Josh Jacobs, "Chile's sugary food fight echoes around the world," Financial Times, 2019, accessed August 2023, https://www.ft.com/content/d481cf02-1e47-11e9-a46f-08f9738d6b2b

[269] Food Ideas, "The law on labeling and advertising of food products, by the Chilean Ministry of Health," Food Ideas, 2020, accessed August 2023, https://letsfoodideas.com/en/initiative/the-law-on-labeling-and-advertising-of-food-products-by-the-chilean-ministry-of-health/

[270] Safefood, "Chile's package of policies: A before and after study," Safefood, 2020, accessed August 2023, https://www.safefood.net/nutrition/news/2020/chiles-package-policies

[271] Fernando Vega, ""Ley de Etiquetado": lobby de industria alimentaria se confronta con estudio que revela alta confianza en sellos," *CIPER Chile*, 2018, accessed 2023, https://www.ciperchile.cl/2018/06/28/ley-de-etiquetado-lobby-de-industria-alimentaria-se-confronta-con-estudio-que-revela-alta-confianza-en-sellos/

The paper reports 91.6% of Chileans admitted the warning labels influenced them in their purchases.[272] Some sources also discussed the notion of labels as a matter of right to information. *"People literally have to know what they eat. That is a duty of science."*[273] The NYC Food Policy Centre also claimed this policy allows citizens to *"obtain and understand the basic health information needed to make appropriate health decisions."*[274]

Although attitudes in the press were generally positive, some issues and concerns were also raised. El Mercurio, Chile's most read newspaper, reported on several occasions it was concerned the policy would infringe on intellectual property rights, since it forced companies to remove elements which allowed consumers to identify their products.[275] *"In short, through administrative resolutions, and not legal limitations, damage is being caused that has not been compensated, by depriving its owners of the exercise of a right: to identify food products with their registered trademarks."*[276]

A number of instances of lobbying and industry opposition were also reported. *"The country's leading business lobby also weighed in, threatening to withhold money for sports teams and disabled citizens. 'They did a real campaign of terror saying that chaos and thousands of unemployed people would be generated,' Girardi said. Chilean President Sebastián Piñera moved to veto the law. Girardi says that a citizen scientific coalition eventually defeated the lobby but that an association of food companies including Carozzi and Nestlé broadcast ads with celebrities and athletes maligning the law."*[277]

In addition, critiques were raised about some negative externalities of the policy. Firstly, that the policy had contributed to raise prices in certain specific settings, for instance, in schools, where the average cost of snacks had increased by 25%, since cheaper unhealthy alternatives could no longer be sold.[278] Furthermore, that the policy would be ineffective where individuals can turn to other food sources such as street food, which is popular in Latin America. [279]

---

[272] Ibid.
[273] El Periodista, "La exigencia de una alimentación saludable."
[274] Cather, "Front-Package 'Excess Of' Labeling, Chile."
[275] Jorge Tisné, "Nueva normativa de alimentos y uso de marcas comerciales," *El Mercurio*, 2016, accessed August 2023, https://www.elmercurio.com/legal/movil/detalle.aspx?Id=905126&Path=/0D/CF/
[276] Opazo, Luis Felipe. "Ley de etiquetado, al límite." *El Mercurio*, 2017, accessed August 2023, https://www.elmercurio.com/legal/movil/detalle.aspx?Id=905791&Path=/0D/D2/
[277] Reiley, Laura. "Latin America's war on obesity could be a model for U.S." *The Washington Post*, 2019, accessed August 2023, https://www.washingtonpost.com/business/2019/07/16/latin-americas-war-obesity-could-be-model-us/
[278] T13 en Vivo. "No más comida chatarra: estos son los alimentos que se podrán vender en los kioskos escolares." *T13 en Vivo*, 2016, accessed August 2023, https://www.t13.cl/noticia/nacional/te-puede-servir/No-mas-comida-chatarra-Estos-son-los-alimentos-que-se-podran-vender-en-los-kioscos-escolares
[279] Carman, Ezequiel, Delfina Scagliotti, and Ryan Arenas. "Food Labeling Laws: A Key Tool for Global Health." Global Americans, 2022, accessed August 2023, https://theglobalamericans.org/2022/03/food-labeling-laws/

Finally, that the policy had limited efficacy with online food shopping, which is becoming more common.[280] Another common critique was that, despite being praised by academics and politicians, the policy had no influence whatsoever on obesity rates in the country, which have continued to rise since its implementation.[281] And, that the Government ought to focus on education rather than these restrictive types of measures.[282]

Discussions around equity also extensively featured in the media, as much as they did in academic literature. General concerns were expressed about the need to focus on inequity in the context of obesity:

"The situation was producing an increase in noncommunicable chronic diseases and deaths from cancer, heart attacks, diabetes [and] hypertension, [...] we have the conviction that this true tsunami of diseases affected the poorest who have a 160 percent higher risk of obesity, 380 percent higher risk of hypertension and 320 percent higher risk of diabetes and more than 100 percent [higher risk] of a heart attack … than people of high income."[283]

An article in El Mostrador argued that, while it is a responsibility for citizens to inform themselves as to what they eat, the State also has a clear responsibility to protect citizens and promote health. The author in fact, claims this policy promotes equity as it stands to reduce asymmetries of information, thus making citizens equal.[284] Other articles have suggested similar ideas,[285] particularly as the press reported shifts in demand for unhealthy products were observed across income households, i.e., that the policy was effective in changing habits across socioeconomic groups[286] (although not to the same extent). However, as discussed previously, the extent to which such information-providing interventions reduce inequities is debated. Though it may be true they do not affect equity for non-health related inequalities, e.g., by not impacting lower-income groups' disposable incomes, these groups are also less likely to see health improvements than their richer counterpart. Overall, the press seemed equally concerned as to the need for equity in policymaking, especially in the area of health and obesity where important inequalities exist.

---

[280] Ibid.
[281] Linnekin, Baylen. "Research Supporting Chile's Anti-Obesity Regulations Doesn't Tell Us if the Regulations Work." *Reason*, 2019, accessed August 2023, https://reason.com/2019/02/23/research-supporting-chiles-anti-obesity/
[282] Jacobs, "In Sweeping War on Obesity, Chile Slays Tony the Tiger."
[283] Reiley, "Latin America's war on obesity."
[284] Méndez, Claudio. "Etiquetado nutricional de los alimentos: ¿libertad sin equidad?" El Mostrador, 2014, accessed August 2023, https://www.elmostrador.cl/noticias/opinion/2014/12/12/etiquetado-nutricional-de-los-alimentos-libertad-sin-equidad/
[285] Jacobs, Chile's sugary food fight.
[286] Nano Barahona, Cristóbal Otero y Sebastián Otero, "Ley de etiquetado: evaluando sus efectos en consumidores y empresas de alimentos," *CIPER Chile*, 2021, accessed August 2023, https://www.ciperchile.cl/2021/05/24/ley-de-etiquetado-evaluando-sus-efectos-en-consumidores-y-empresas-de-alimentos/

The media generally had expectations the State ought to protect citizens from misleading advertising, industry lobbying and unhealthy products. Despite having shifted to a Neo-Liberal economic model in the 1980s, the narrative on this issue seems to have been in favour of State intervention when it comes to health promotion.

Conclusion

The case of Ley 20.606 exemplifies how, even in a highly Liberal society, governments can implement comprehensive sets of policies to change behaviours. The law, the first of its kind in Chile, included a number of measures to influence diets in the country, including a system of FOP labels on HFSS foods. The policy did show some success in reducing the purchases of certain "High In" foods, particularly SSBs and highly-processed foods, in one of the countries, which consumes them the most. Opinion polls and academic studies have also suggested most of the public are aware of the labels and use them to determine how to purchase foods. Children have also become central in the process of changing the food culture and there is general approval for the policies, although it is still too early to tell whether the law will have a long-term population-level impact on obesity in the country. Overall, both the media and academics were favourable towards the policy and praised some of its successes and suggested it could be useful in tackling health inequity in the country, as it influenced behaviours across income groups and served to educate the public. The case of the Chilean government's fight against obesity thus proves an interesting experiment in the use of warning labels on foods, which have since become more common.

Chapter 5 – Pacific Island Countries: Taxes & Tariffs on Sugar

Introduction

Pacific island countries (PICs) are currently experiencing some of the highest rates of obesity in the world. PICs and territories make up the top ten of nations with the highest prevalence of obesity. This includes both sovereign states like Nauru (61.0%), Palau (55.3%) or the Marshall Islands (52.9%) as well as semi-autonomous territories such as the Cook Islands (55.9%) or Niue (50.0%).[287] These countries and territories have experienced a rapid transition in diets over the previous decades as well as changes in the availability of certain foods, in large part, due to their increased participation in global trade. Pacific islanders have turned to cheap, energy-dense, imported foods and adopted Western sedentary lifestyles. This has led to a high-prevalence of NCDs across the region, including cardiovascular diseases and type two diabetes. NCDs account for up to 70% of all deaths in the regions, most of which occur before the age of 60.[288,289] In addition, these have incurred increasingly significant costs on health systems. Governments have thus adopted a series of health policies, to attempt to reduce this prevalence of NCDs and their burden. These include a number of tariffs and taxes, specifically targeted at unhealthy products like high-fat meat cuts and SSBs. Restrictive measures like bans on the imports of SSBs and other unhealthy foods (e.g., sweets, biscuits, noodles etc.) have also been implemented in some areas such as Tokelau or Torba (part of Vanuatu).

This case study focuses on the tariffs and taxes, which have been implemented to curb the consumption of sugar in the region. For instance, Fiji first introduced a 32% ad valorem import duty on soft drinks in 2011, to which a specific excise tax on locally produced beverages was added in 2016.[290] In 2007, Nauru introduced a 30% ad valorem import duty on soft drinks and other

---

[287] World Population Review. "Obesity Rates by Country 2023," *World Population Review*, accessed August 2023, https://worldpopulationreview.com/country-rankings/obesity-rates-by-country

[288] Pacific Community. *Implementation of the Pacific Non-Communicable Diseases Roadmap: Progress, challenges, and future directions. SPC Public Health Division*, 2023, 2.

[289] World Bank, "Pacific Islands: Non-Communicable Disease Roadmap," *World Bank*, 2014, accessed August 2023, https://www.worldbank.org/en/news/feature/2014/07/11/pacific-islands-non-communicable-disease-roadmap

[290] World Cancer Research Fund International. "Nourishing framework." Use economic tools to address food affordability and purchase incentives. Increasing import tariffs on specified "unhealthy" food, accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/

high-sugar foods such as confectionary, cordials, and flavoured milks.[291] The Government of Palau introduced a volumetric tax of 0.28 $ per litre on the import of carbonated soft drinks.[292] Some countries like Vanuatu and Samoa had even adopted volumetric import tariffs on SSBs as early as the 1980s (1984 for Samoa and 1988 for Vanuatu).[293,294] Today the majority of PICs and territories in the region have tariffs and taxes on SSBs and other high-in-sugar products. However, these tax regimes have evolved over the years, changing partly in response to the increasing evidence around obesity, but also to meet the free trade demands of the WTO.

The PICs are a particularly interesting case study in the field of food policy. These are developing nations (small island states) faced with many development challenges including small populations, remoteness, susceptibility to natural disasters, and excessive dependence on international trade and aid.[295] Their historical context, dependence on aid and reliance on food imports has also made them susceptible to the influence of the larger economies of the region, including Australia, New Zealand, France, the USA and increasingly China, Korea and Japan, particularly when it comes to national policymaking processes. These geographical and political elements, as well as the high prevalence of NCDs and use of taxes make the PICs a useful case to study when looking at the role and legitimacy of governments in shaping diets and promoting health. This case study will therefore present and discuss these different fiscal sugar reduction interventions in the region, within their wider public health, historical, political and cultural contexts.

Obesity in the Region

Oceania is a wide geographical area, which includes 14 fully sovereign states (including Australia and NZ, which are not included in this case study), in addition to numerous semi-autonomous/overseas territories. This region has one of the highest prevalence of obesity in the world. WHO STEPwise surveys in 13 PICs found over half of the population of this region was overweight,[296] with rates varying between countries and territories. *"In Fiji, rates of overweight doubled between 1993 and 2004. In Samoa, the prevalence of normal-weight adults halved between 1970 and 2003. […]*

---

[291] Ibid.
[292] Ibid.
[293] McDonald, Andrea. *Sugar-sweetened beverage tax in Pacific Island countries and territories: A discussion paper*. Secretariat of the Pacific Community, 2015, 23.
[294] Obesity Evidence Hub. "Countries that have taxes on sugar-sweetened beverages (SSBs)." accessed August 2023, https://www.obesityevidencehub.org.au/collections/prevention/countries-that-have-implemented-taxes-on-sugar-sweetened-beverages-ssbs
[295] Thow, Anne Marie, Boyd Swinburn, Stephen Colagiuri, Mere Diligolevu, Christine Quested, Paula Vivili, and Stephen Leeder. "Trade and food policy: case studies from three Pacific Island countries." *Food Policy* 35, no. 6 (2010): 558.
[296] Snowdon, Wendy, and Anne Marie Thow. "Trade policy and obesity prevention: challenges and innovation in the Pacific Islands." *Obesity reviews* 14 (2013): 150-151.

Recent studies have also indicated significant problems of overweight and obesity among children and adolescents. For example, in Tonga, around 60% of 13- to 15-year-olds were found to be overweight. […] In Fiji [...] rates of overweight tripled among those under the age of 18 years between 1993 and 2004."[297]

The rates of obesity are worrying in teenagers and young adults as youth obesity affects musculoskeletal, cardiovascular and respiratory health and is associated with long-term adult obesity, type two diabetes, hypertension, cardiovascular morbidity and premature mortality.[298,299] However, these rates of obesity in teenagers vary between countries. For instance while obesity is almost completely absent for both male and female students in Vanuatu, 40% are affected in Niue.[300] Rates of physical activity amongst students across the region are also generally low,[301] particularly in countries like Nauru or Samoa, while consumption of SSBs is generally high.[302] *"Over 37 % of 13–15 year old students consumed at least one carbonated soft drink/soda per day over the course of the past 30 days [in seven of the PICs] Prevalence of daily consumption was lowest in Kiribati and highest in Niue where 74 % of males drank soft drinks every day."*[303]

The consumption of high-sugar products and SSBs in the region partly explains the substantial increase in the populations' BMI. *"Between 1972 and 1998, the mean birth weight of Tongan infants increased by 300 grams (8.8%). Between 1980 and 2008, the Body Mass Index of females in nine Oceania countries increased by more than 4 times the global average."*[304] This increase is especially true for urban areas.[305] Due to this, life expectancy has decreased in some countries in the past years.[306,307]

---

297 Ibid.
298 Kessaram, Tara, Jeanie McKenzie, Natalie Girin, Onofre Edwin A. Merilles, Jessica Pullar, Adam Roth, Paul White, and Damian Hoy. "Overweight, obesity, physical activity and sugar-sweetened beverage consumption in adolescents of Pacific islands: results from the Global School-Based Student Health Survey and the Youth Risk Behavior Surveillance System." *BMC obesity* 2 (2015): 2.
299 Reilly, John J., and Joanna Kelly. "Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review." *International journal of obesity* 35, no. 7 (2011): 891-898.
300 Kessaram et al., "Overweight, Obesity, Physical Activity and Sugar-Sweetened Beverage Consumption," 1-4.
301 Ibid., 5-6.
302 Ibid.
303 Ibid., 5.
304 Sahal Estimé, Michelle, Brian Lutz, and Ferdinand Strobel. "Trade as a structural driver of dietary risk factors for noncommunicable diseases in the Pacific: an analysis of household income and expenditure survey data." *Globalization and health* 10 (2014): 2.
305 Ibid., 1-15.
306 Ibid.
307 Taylor, Richard, Dale Bampton, and Alan D. Lopez. "Contemporary patterns of Pacific Island mortality." *International journal of epidemiology* 34, no. 1 (2005): 207-214.

Beyond SSBs however, there has also been a shift in overall diets in PICs towards non-locally produced HFSS foods. This has been referred to as the nutrition transition,[308,309,310] a gradual process whereby the opening up of countries post WWII through globalisation changed the availability of certain foods and populations have shifted towards the consumption of energy-dense products. In addition, many of the countries in Oceania are small and consist mainly of atolls or volcanic islands. Urban drift over the years has meant populations in coastal cities have increased to the point of becoming less self-sufficient and fertile agricultural areas are left less productive.[311]

Many countries' agricultural industries are in decline and the region has become highly dependent on imports for the food it consumes. Imported foods include rice, wheat and oils, which have become staples of diets.[312,313,314] Imported processed products have also replaced many foods low in fats and high in complex carbohydrates and fibres like yam and taro.[315] For instance, in Palau, 84% of food supplies are imported.[316] Seafood has been replaced with imported meats high in fats and fruits have been replaced by sugar and confectionary.[317] In fact, accessing local foods has become more difficult over the years as many of the local resources are exported. Fish for instance, is largely exported, leading to an increase in its price locally and overfishing.[318] Because of exports, countries have started growing cash crops like sugar and cocoa,[319] which are not native to the region. Sugar has also become an important source of revenue in some countries. In Fiji, it accounted for 7% of GDP around 2005 and 22% of exports.[320]

Expenditure on energy-dense "unhealthy" foods in PICs is high, although it varies between countries. According to a 2014 paper on food expenditure by Estimé et al., "*Expenditure on*

---

308 Thow, Anne Marie. "Trade liberalisation and the nutrition transition: mapping the pathways for public health nutritionists." *Public health nutrition* 12, no. 11 (2009): 2150-2158.
309 Sievert, Katherine, Mark Lawrence, Asaeli Naika, and Phillip Baker. "Processed foods and nutrition transition in the Pacific: regional trends, patterns and food system drivers." *Nutrients* 11, no. 6 (2019).
310 Hawkes, Corinna, Mickey Chopra, and Sharon Friel. "Globalization, Trade, and the Nutrition Transition." *Edited by Ronald Labonté, Ted Schrecker, Corinne Packer, and Vivien Runnels* (2009).
311 Snowdon and Thow, "Trade policy and obesity prevention," 151.
312 Ibid., 152.
313 Thow et al., "Trade and food policy," 556.
314 World Health Organization. *Diet, food supply and obesity in the Pacific*. 2003.
315 Lo, Veronica Yueh Torng, Gary Sacks, Emma Gearon, and Colin Bell. "Did imports of sweetened beverages to Pacific Island countries increase between 2000 and 2015?." *BMC nutrition* 7, no. 1 (2021): 2.
316 Ibid., 1.
317 Ibid., 2.
318 Snowdon and Thow, "Trade policy and obesity prevention," 152.
319 Ibid.
320 Narayan, Paresh Kumar, and Biman Chand Prasad. "Economic importance of the sugar industry for Fiji." In *Review of Urban & Regional Development Studies: Journal of the Applied Regional Science Conference*, vol. 17, no. 2, pp. 104-114. Oxford, UK and Boston, USA: Blackwell Publishing, Inc., 2005: 104.

'unhealthy' foods was highest in Tonga at 42% of food expenditure being spent on this category and lowest in Solomon Islands with only 15% of food expenditure being allocated to 'unhealthy' foods. Tonga also spent the largest percentage on processed foods (34%) whereas Solomon Islands spent the least on this category (14%)."[321]

Many of the imported foods in the region are therefore HFSS. This includes SSBs, of which imports have increased over the years. *"The quantity of S[S]Bs imported to PICs increased significantly from 2000 to 2015 with exporting countries, particularly New Zealand, the USA and France, making a total of USD 1.1 billion from sales."*[322] In 2013, 99 million litres of soft drinks were imported to PICs, valued at 105 million USD.[323] Several PICs also now have soft drinks manufacturing industries. Coca-Cola for instance, produces SSBs in New Caledonia, Fiji and Samoa.[324] Beyond contributing to obesity, the consumption of SSBs has been linked to the increase in dental carries and type two diabetes.[325] This high consumption of SSBs is, in part, explained by their availability, heavy marketing, and sometimes limited access to drinking water which is pleasant to drink.[326]

"A study in Fiji found extensive sponsorship of school and sports events by beverage companies where 88–98% of sampled schoolchildren were able to identify a sports event sponsored by the food or drink industry and around half of the children incorrectly named an SSB when asked to indicate a healthy drink that they had seen advertised. A brief review of online news media in the Pacific region demonstrates how SSBs are associated with feasts and celebrations, prizes for sporting achievements and gifts."[327]

Poor diets and related NCDs pose a number of issues for the development of PICs, due to the costs they represent on healthcare systems and their economies and thus, dealing with them has become a priority on the policy agenda of many of these countries. Through the Yanuca Island declaration in 1995, the ministers of health of PICs attempted to establish a *"unifying theme for health protection and health promotion in the island nations of the Pacific for the twenty-first century"*.[328] With the high prevalence of NCDs in the region, PICs have cooperated to achieve health goals and mutually influenced each other in their adoption of policies. These policies have been broad in their scope, including the implementation of dietary guidelines, support for local agriculture and efforts to

321 Estimé et al., "Trade as a structural driver," 6.
322 Lo et al., "Did imports of sweetened beverages," 4.
323 McDonald, *Sugar-sweetened beverage tax*, 1.
324 Teng, Andrea, Wendy Snowdon, Si Thu Win Tin, Murat Genç, Elisiva Na'ati, Viliami Puloka, Louise Signal, and Nick Wilson. "Progress in the Pacific on sugar-sweetened beverage taxes: a systematic review of policy changes from 2000 to 2019." *Australian and New Zealand Journal of Public Health* 45, no. 4 (2021): 376.
325 Pak, N., A. M. McDonald, J. McKenzie, and C. Tukuitonga. "Soft drink consumption in Pacific Island countries and territories: a review of trade data." *Pac Health Dialog* 20, no. 1 (2014): 59-66.
326 McDonald, *Sugar-sweetened beverage tax*, 18.
327 Ibid.
328 WHO Regional Office for the Western Pacific. *Yanuca Island Declaration*. Manila: 1995.

improve food security. However, the focus of health policies has perhaps been most obvious in the area of taxes. Before discussing these tariffs and taxes however, it is first important to understand the influence trade and economic relations with other countries have had on determining the health of PICs and the situation they are in with regard to obesity.

Trade

The PICs illustrate the impact trade relationships with other nations can have on small countries' diets. Small island developing states are vulnerable to the effects of international trade and more broadly, globalisation. Trade can have many impacts on diets by influencing the *"trade in goods and services, enabling investment and decreasing support/protection for domestic agriculture (including traditional food systems and subsistence agriculture."*[329]

These processes have been going on in PICs ever since the end of WWII. Globalisation and the relations of PICs with the states that colonised them, led them to be gradually included in the world economy, on terms that suited countries like the US, France (both of which retain many territories in the Pacific), the UK or Australia.[330] Colonial powers exploited countries for their natural resources: Nauru for its phosphate, Fiji for its sugar, Papua New Guinea for its gold or the Solomon Islands for its copra.[331] PICs were dragged into globalisation by their colonial powers and by the time of their independence in the 1970-80s, international pressures from states and financial institutions were too great to resist and PICs eventually gave way to economic liberalisation. The rules of trade and the global economy were therefore set by high-income countries, who did not have PICs in mind when creating these frameworks for trade and cooperation.[332] I quote Stewart Firth at length when he states:

"The trouble is that the new rules of a globalizing world are being set by people who have little interest in small places or special cases. On the contrary, the whole logic of globalization is to standardize rules so that there are no special breaks for any country, whatever its circumstances. Comparative advantage is everything, and if a country doesn't have many comparative advantages, that's bad luck. […] Nevertheless, just as the place of the Pacific Islands in the first globalization was to be subordinate to the temperate, developed world, so their place in the second globalization is also to be subordinate, this time to a set of international institutions that have set the rules of the global economy. The new globalization, now combined with independent, sovereign rule, means incorporation into the

329 Thow, Anne Marie, Peter Heywood, Jimaima Schultz, Christine Quested, Stephen Jan, and Stephen Colagiuri. "Trade and the nutrition transition: strengthening policy for health in the Pacific." *Ecology of food and nutrition* 50, no. 1 (2011): 19.
330 Firth, Stewart. "The Pacific Islands and the globalization agenda." *The Contemporary Pacific* 12, no. 1 (2000): 177-192.
331 Ibid., 184.
332 Ibid., 176-192.

global economy on terms that suit the interests of the financial markets, the aid donors, and those relatively few Pacific Islanders who are in a position to benefit from the new situation."[333]

Therefore, despite having achieved independence, PICs have remained under the influence of Western states, and more recently the powerful economies of Asia, through economic aid, financial institutions, banks and investors or policy advisors, who have shaped the opening up of their economies. A 1993 Australian report by the National Centre for Development Studies, affirmed PICs ought to reduce their public sector spending, cut tariffs, encourage private enterprise and allow maximum freedom to foreign investors if they wished to become more competitive and avoid falling living standards, urban squalor, unemployment and poor education.[334] Then Australian Pacific Island Affairs Minister Gordon Bilney declared there was *"no realistic alternative to competition and the pursuit of comparative advantage, no matter how daunting these concepts may appear."*[335] A similar political narrative was used in the EU at the time, when a 1996 Green Paper on relations with African, Caribbean and Pacific states noted *"structural adjustments"* and *"integration into the global trading system"* were necessary.[336] EU and Australian aid therefore came at the condition of liberalisation: reducing civil services, privatising and encouraging FDI. Financial institutions like the WTO, IMF and APEC increasingly came to have influence on PICs and their economic policies. Countries like Papua New Guinea, Fiji or the Solomon islands went through a series of structural adjustment reforms in the 1990s, led by countries like Australia and organisations like the World Bank or Asian Development Bank. These led to the devaluation of national currencies, public-service restructuring, privatisation as well as freezes in wages.[337] Many of those policies were influenced by these institutions and foreign consultants.[338] This, in part, led some PICs to join the WTO: Fiji, Papua New Guinea and the Solomon Islands in 1996; Tonga in 2007 and Samoa and Vanuatu in 2012. Regional trade agreements were also created, with the largest one being the Pacific Island Countries Trade Agreement (PICTA), which has been signed by 12 territories. Like other regional trade agreements, PICTA has encouraged countries and territories to reduce tariffs and barriers to imports. In previous years, it has led to numerous disputes over the trade of food, including biscuits, ice cream and canned meats.[339]

---

[333] Ibid., 191-192.
[334] Ibid., 185.
[335] Ibid.
[336] Ibid.
[337] Prasad, Satendra, and Darryn Snell. "'The sword of justice': South Pacific trade unions and NGOs during a decade of lost development." *Development in Practice* 14, no. 1-2 (2004): 267-279.
[338] Firth, "The Pacific Islands and the globalization agenda," 186.
[339] Snowdon and Thow, "Trade policy and obesity prevention," 151.

Trade agreements have an important influence on food in the region, including its availability and cost. Yet by encouraging countries to lower tariffs and limit barriers to trade, they shape the types of policies governments can use to reduce the consumption of HFSS foods, especially for foods coming in from Australia and New Zealand. In fact, despite having signed the PICTA, like many low-income countries, PICs sell little to each other and some have argued PICTA has had little impact on their economies and development. Instead, they mainly import from larger economies. So, why have PICs countries entered in this trade agreement?

"The answer is that Island countries are seeking to reassure aid donors and the institutions of global governance that they are adapting to the new global trading order. The plan for a free-area signalled the region's willingness to consider new measures for dealing with globalization and trade liberalization through regional integration."[340]

In addition to PICTA, in December 2020 a new trade agreement: the Pacific Agreement on Closer Economic Relations Plus (PACER Plus) came into force. This agreement includes a number of PICs, Australia and New Zealand. Some have argued this move could lead to even less protection for PICs and their public health due to the *"inherent power imbalances"* within this agreement.[341] Of course, the consequences of these trade agreements have not been all bad. For instance, it has made trade between Tuvalu (an atoll with little agricultural capacity) and Fiji's nearby island of Rotuma easier. Crops can now be directly supplied to Tuvalu without needing to be routed via Fiji's central ports. Fiji is also working on introducing similar measures with Kiribati.[342] In addition, improved market access has been beneficial for some countries like Fiji by generating employment.[343]

Overall, however, the impact of trade agreements on food markets has been argued to be relatively negative for PICs. The policies associated with liberalisation: the opening up of markets to international food trade, increased entry of transnational food companies and intensified global food marketing have all contributed to the nutrition transition in the Pacific region.[344,345] Academic literature has documented the correlation between free trade and the increased availability and

340 Firth, Stewart. "Pacific islands trade, labor, and security in an era of globalization." *The Contemporary Pacific* (2007): 113.
341 McDonald, *Sugar-sweetened beverage tax*, 19.
342 Snowdon and Thow, "Trade policy and obesity prevention," 155.
343 Asafu-Adjaye, John. "Liberalising trade in the agriculture sector of a small island state: the case of Fiji." *World Economy* 30, no. 10 (2007): 1563.
344 Lin, Tracy Kuo, Yasmin Teymourian, and Maitri Shila Tursini. "The effect of sugar and processed food imports on the prevalence of overweight and obesity in 172 countries." *Globalization and health* 14, no. 1 (2018): 1-14.
345 Ravuvu, Amerita, Joe Pakoa Lui, Adolphe Bani, Anna Wells Tavoa, Raymond Vuti, and Si Thu Win Tin. "Analysing the impact of trade agreements on national food environments: the case of Vanuatu." *Globalization and Health* 17, no. 1 (2021): 1-15.

consumption of highly-processed and HFSS foods. In that sense, trade is a determinant of population health. *"Friel et al., have shown that trade in goods, trade in services and policy space influence the liberalization of the food trade which consequently results in increased food imports."*[346,347] This increase in food imports can lead domestic producers (particularly of non-processed foods) to have trouble competing and reduce prices. Ultimately, this has led to an increase in the availability of cheap, energy-dense foods. This change in food availability, along with an increased presence of transnational food corporations in PICs (including fast food companies)[348] and the advertising for HFSS foods have all contributed to the rise of NCDs in the last decades. As a result, governments have attempted to introduce a number of policies as a way to tackle these issues linked to the nutritional transition and the adoption of Western diets. Most notably: tariffs and taxes.

Taxes and Tariffs

Existing Policies

Efforts to reduce sugar consumption have focused heavily around taxation, especially in the case of SSBs. Taxes on sugar and SSBs in the region are levied at high rates, with some being the highest in the world. The most commonly taxed drinks are carbonated soft drinks; however, sweetened fruit juices (e.g., Northern Mariana Islands) and milk-based beverages (e.g., Nauru) are also taxed in certain countries and territories. The adoption of SSB taxes is largest in the Micronesian region, followed by Polynesia then Melanesia (which has lower rates of diabetes and obesity).[349] It is therefore important to note that although most of the countries and territories of Oceania have such taxes, these policies are not necessarily homogenous across the region. However, over three-quarters of PICs have SSB taxes, with over a third having increased these since 2000.[350] PICs have introduced different types of taxes to reach public health goals. These include, tariffs, which present certain advantages. These can be *"aligned with the healthfulness of foods in order to provide a price incentive for importation and consumption of healthier products. Under WTO agreements tariff increases are permissible as long as they are within existing "bound rates," and trade-offs could be made, with tariffs decreased on healthier foods and increased on unhealthy foods."*[351]

---

346 Ibid., 5.
347 Friel, Sharon, Libby Hattersley, Wendy Snowdon, A-M. Thow, Tim Lobstein, David Sanders, Simon Barquera et al. "Monitoring the impacts of trade agreements on food environments." *obesity reviews* 14 (2013): 120-134.
348 Hawkes, Chopra, and Friel, "Globalization, Trade, and the Nutrition Transition," 2009, 257-284.
349 McDonald, *Sugar-sweetened beverage tax*, 22.
350 Teng et al., "Progress in the Pacific on sugar-sweetened beverage taxes," 383.
351 Thow et al., "Trade and the nutrition transition," 36.

Import tariff have similar effects to excise taxes when there is little production within countries, as is the case in most of the smaller PICs. They can also be easier to get public approval for, as they do not affect local economies to the extent other forms of taxes do, which might explain why tariffs were common before the introduction of other domestic taxes. However, tariffs can become problematic with the WTO as they generally favour domestic production and therefore, conflict with free trade commitments. Hence why countries have often changed their tax systems in the last two decades and moved towards excise taxes covering both imports and production within countries.

Using excise taxes also presents some advantages. In the case of PICs, using the same model of excise taxes can make their implementation easier by minimising administrative costs and increasing public acceptability (if other countries have already adopted a similar tax). They can also be easy to collect if done early in the distribution process, when there are fewer entities to collect taxes from.[352]

There are therefore a number of different types of taxes at the disposal of governments to reduce the consumption of unhealthy products, including the following:

Types of SSB taxation

Term	Definition
Import tax/tariff	Tax placed on the importation of beverages.
Excise tax/duty	Tax placed on the manufacture, sale, use, or distribution of beverages.
Value added tax (VAT)	Consumption tax that is placed on the value added to goods (and services), such as beverages, at each stage in the production–distribution–retail chain.
Ad valorem tax	Tax levied as a percentage of a beverage's value (e.g. 30% of the price).
Specific tax	Tax levied on beverage volume ($1 per litre) [volumetric tax], or perhaps sugar content (5 cents per teaspoon of sugar) [nutrition-based tax].

(Note: excise taxes are often also specific taxes)

Source: McDonald, *Sugar-sweetened beverage tax*, *28*.

[352] McDonald, *Sugar-sweetened beverage tax*, 28.

It is important to note however, that although some countries (e.g., Vanuatu) have taxes on sugar in foods such as confectionary or bakery products, by far, the majority of sugar-related taxes in PICs are on SSBs. The following table summarises the SSB taxes currently in place in the region:[353]

Taxes & Tariffs currently in place in different PICS				
Territories	**Date**	**Type of tax**	**Design**	**Tiered**
American Samoa	2001	Specific excise tax for locally produced beverages; plus import tax	Volumetric (specific excise)	
Cook Islands	2014	Specific excise tax	Sugar content	
Fiji	2016	Specific excise tax for locally produced beverages; ad valorem tax for imported	Volumetric (specific excise)	
French Polynesia	2002	Specific excise tax for locally produced beverages; plus import tax	Sugar content (specific excise)	Yes
Guam	Unknown	Specific excise tax	Volumetric	
Kiribati	2014	Ad valorem tax		
Marshall Islands	2004	Import tax		
Nauru	2007	Import tariff	Ad valorem	
New Caledonia	2017	Excise and Import tariff		
Niue	Unknown	Import tariff		

[353] Obesity Evidence Hub. "Countries that have taxes on sugar-sweetened beverages (SSBs)."

Northern Mariana Islands	1995	Specific excise tax	Volumetric	
Samoa	1984	Specific excise tax	Volumetric	
Tonga	2013	Specific excise tax	Sugar content	Yes
Tuvalu	2009	Ad valorem excise tax and import tariff[354]		
Vanuatu	2015	Specific excise tax and import tariff	Volumetric	
Wallis and Futuna	2016	Import tariff	Ad valorem	

Source: Obesity Evidence Hub. "Countries that have taxes on sugar-sweetened beverages (SSBs)." Tax and Pricing.

Other countries like Papua New Guinea and the Solomon Islands also have import tariffs on SSBs. However, as these are the same tariffs as for bottle water, it is unlikely their introduction is aimed to improve health.[355] These are therefore not included in the table. Tokelau also previously had such tariffs before the introduction of the ban on imports of SSBs.

The popularity of the use of these taxes in the region can largely be explained by their cost-effectiveness. Tariffs and taxes have been an important source of revenue for PIC governments. In French Polynesia for instance, the revenue from taxes on SSBs (excluding fruit juices), beer, confectionary and ice cream was CFP 1.5 billion in 2005 or 0.9% of the Government's annual budget.[356] This table from 2014 presents estimated revenues of a 20% tax on soft drinks/SSBs (adjusted for reduced demand):

[354] Teng et al., "Progress in the Pacific on sugar-sweetened beverage taxes," 380.
[355] Obesity Evidence Hub, "Countries that have taxes on SSBs."
[356] McDonald, *Sugar-sweetened beverage tax*, 38.

	HIES year	Local currency	Expected revenue from a 20% soft-drink tax		Expected revenue from a 20% SSB tax	
			Local currency	$US	Local currency	$US
Cook Islands	2005/2006	NZD	170,062	142,852	277,128	232,787
Marshall Islands	2002	USD	300,155	300,155	470,903	470,903
New Caledonia	2008	CFP	231,508,646	2,546,595	403,403,816	4,437,442
French Polynesia	2000/2001	CFP	176,408,978	1,940,499	492,976,328	5,422,740
Palau	2006	USD	106,969	106,969	-	-
Tuvalu	2004/2005	AUD	21,067	19,593	24,824	23,087
Vanuatu	2010	Vatu	13,544,512	148,990	33,925,616	373,182
New Zealand (ref)	**2013**	**NZD**	**41,744,352**	**35,065,256**	**84,478,794**	**70,962,187**

Source: McDonald, *Sugar-sweetened beverage tax*, *38*.

Health policies that generate revenue, are accessible interventions for low-income countries. However, some have argued the revenue from these taxes also ought to be used to cover healthcare costs and introduce further measures to promote health. While earmarking such revenues for health has not been common practice, it has been done in some PICs. For instance, in French Polynesia, the revenue generated from SSB taxes was originally channelled into a health fund.[357] The Government of the Cook Islands had also stated it would commit a portion of the revenue from its 2014 public health tax to improving nutrition and education on NCDs.[358]

Effectiveness of Taxes and Tariffs

Fiscal interventions can be useful when trying to correct market failures, i.e., when the price of the consumption of a product does not reflect its real societal cost e.g., smoking. Thus, fiscal policies can be used to shape the retail prices of unhealthy foods associated with NCDs.[359] Generally, *"tariff rates on sugar and confectionery products and fats and oils are negatively associated with overweight and obesity rates; in other words, decreases in tariffs on those items are associated with increases in overweight and obesity."*[360] A longitudinal analysis of 44 low and middle-income countries by Lopez et al., suggested higher

[357] Ibid., 39.
[358] Ibid.
[359] Thow, Anne Marie, Shauna M. Downs, Christopher Mayes, Helen Trevena, Temo Waqanivalu, and John Cawley. "Fiscal policy to improve diets and prevent noncommunicable diseases: from recommendations to action." *Bulletin of the World Health Organization* 96, no. 3 (2018).
[360] International Food Policy Research Institute, "The links between food-related trade and fiscal policies and obesity rates in low- and middle-income countries," IFPRI, 2022, accessed August 2023, https://www.ifpri.org/blog/links-between-food-related-trade-and-fiscal-policies-and-obesity-rates-low-and-middle-income

tariffs on SSBs led to a decrease in per capita SSB imports in these countries. The study used data on LMICs from 2001 to 2014, which included a number of PICS. The research concluded:

"Each one percent increase in tariffs was associated with a 2.9% (95% CI: 0.9%e5%) decrease in imports of SSBs. In turn, increased imports of SSBs were significantly associated with greater sales of SSBs per capita, with each 10 percent increase in imports (in US$) associated with a rise in sales of 0.36 L per person (95% CI: 0.08 - 0.68). Between 2001 and 2014, this amounted to 9.1 L greater sales per capita, about 40% of the overall rise seen in this period in LMICs."[361] And that, overall, *"lower tariffs substantially increased imports of SSBs in LMICs, which translated into greater sales. These findings suggest that trade policies which lower tariff barriers to SSB imports can be expected to lead to increased imports and then increased sales of SSBs in LMICs, with adverse consequences for obesity and the diseases that result from it."*[362]

In multiple countries, lower tariffs on SSBs have therefore been associated with higher imports. However, evaluations of the effectiveness of tariffs in the case of PICs specifically can vary. For instance, an evaluation of imports in Vanuatu has shown some mixed results as to the effectiveness of tariffs, although overall, it did still conclude there was a strong association between Vanuatu's trade liberalisation and the increased importation of unhealthy products. Vanuatu has been a strict country when it comes to controlling obesity and NCDs. One of its regions has imposed a total ban on the import of "junk food", including SSBs and foods such as sweets or biscuits, while numerous unhealthy products are subject to tariffs and taxes in the rest of the country (e.g., crisps, snacks, confectionary, bakery products etc.). The study notes that while high tariffs did have an effect on the import of unhealthy products like SSBs, ice cream confectionery and bakery products, there were still some important increases in imports of SSBs in the country from 2016 to 2018, despite the high tariff of 75% remaining unchanged from 2008 to 2019[363] and the introduction of both an additional excise duty of 20% in 2014 and VAT of 15% in 2017.[364] This suggests governments should also try to broaden their use of policies in order to meet their public health goals, though this has remained an issue for countries like Vanuatu where *"policy processes continue to lack cohesion across multiple sectors and [there is a] prioritisation of economic and trade interests above public health"*.[365]

---

361 Lopez, Ana Mendez, Rachel Loopstra, Martin McKee, and David Stuckler. "Is trade liberalisation a vector for the spread of sugar-sweetened beverages? A cross-national longitudinal analysis of 44 low-and middle-income countries." *Social science & medicine* 172 (2017): 21.
362 Ibid.
363 Ravuvu et al., "Analysing the impact of trade agreements," 9-10.
364 Ibid., 10.
365 Ibid., 14.

SSB taxes more broadly, including excise taxes on domestic production have also been successful in the region. In Nauru, following the tax, there was an increase in the range of lower-sugar beverages available, while in countries like Fiji, the price of SSBs increased. In French Polynesia, SSBs became more expensive than bottled water following the tax.[366] Of course, other policies have also been effective at tackling sugar consumption in the region beyond fiscal ones. In Palau, for instance, community campaigns and water-only policies in schools have been associated with reductions in students' regular soft drink consumption.[367] Fiscal policies have thus not been the only effective methods to influence local diets.

Difficulties with Taxes and Tariffs

It is noteworthy that a number of PICs have had to reduce their tariffs over time in response to pressures from the WTO for trade liberalisation. PICs have generally moved towards excise tax based systems so as not to favour domestic production over imports and satisfy trade commitments. Some of these taxes have also come under pressure from various parties, in particular, by the food and drinks industry. In Fiji for instance, industry opposed and sought to influence the policy process. Mialon et al., found the industry relied on different strategies to influence policies in their favour. These included, stressing the importance of these industries in local economies, seeking involvement from communities or establishing relationships with the media or policymakers.[368] In particular, constituency building was one of the most widely used strategies by the industry, who heavily marketed and sponsored events, buildings, equipment and cultural activities.[369] Industry complaints regarding the irregularity of the taxation enforcement also led to an SSB tax being revised in the country.[370] The industry thus played an important role in the determination and shaping of these taxes, as is commonly the case for many policies, leading some to call for *"strong institutional governance structures that can [...] counter industry influence"*.[371]

Other related issues, which have been brought up when it comes to the consumption of SSBs and sugar more generally, are that some PICs still lack a good system of nutrient profiling which is necessary for the implementation of nutrient-based taxes. There is still a lack of data about the nutritional composition of many products, particularly those produced domestically on the islands.

---

366 Teng et al., "Progress in the Pacific on sugar-sweetened beverage taxes," 377.
367 McDonald, *Sugar-sweetened beverage tax*, 22.
368 Mialon, Melissa, Boyd Swinburn, Jillian Wate, Isimeli Tukana, and Gary Sacks. "Analysis of the corporate political activity of major food industry actors in Fiji." *Globalization and health* 12 (2016): 1-14.
369 Mounsey, Sarah, Gade Waqa, Briar McKenzie, Erica Reeve, Jacqui Webster, Colin Bell, and Anne Marie Thow. "Strengthening implementation of diet-related non-communicable disease prevention strategies in Fiji: a qualitative policy landscape analysis." *Globalization and health* 18, no. 1 (2022): 10.
370 Thow et al., "Fiscal policy to improve diets," 201.
371 Mounsey et al., "Strengthening implementation of diet-related NCD prevention," 1.

This can be problematic when evaluating which products should be taxed, although PICs have worked to solve this issue. For instance the Tongan government developed a nutrient profile model with the support of the World Bank.[372] As mentioned, it has also been suggested countries should focus on earmarking the revenue of these taxes for the improvement of health and behaviour change, something not commonly done throughout the region.[373] Furthermore, although about half of PICs have high rates of safe drinking water (>90% households), rates are lower in some countries (with rural areas having even lower rates) and anecdotal evidence suggests water is often unpleasant to drink.[374] Focusing on improving access to pleasant-to-drink water could also contribute to reducing SSB intakes, although there is little evidence to support this claim. Finally, as countries in the region still experience food insecurity and agricultural problems linked to weather and climate change, countries ought to be careful about using import tariffs during times of sharp spikes in the price of foods, so as not to discourage flows of food to the islands.[375]

Optimising Taxes

"Most SSB taxes [in PICs] were ad valorem or volumetric tax designs. Ad valorem designs are likely to be less effective than volumetric designs, and both are likely to be less effective than SSB taxes applied directly on beverage sugar content, such as the nutrient-based taxes in the Cook Islands, Tonga and French Polynesia. These nutrient-based designs discourage a simple shift to cheaper drinks or larger volumes that is possible with ad valorem taxes and may provide stronger incentives for local beverage reformulation and importation of lower sugar beverages."[376]

Furthermore, as previously mentioned, it is generally agreed health-related food taxes, including tariffs and VAT, also need to be complemented with other policy actions to change behaviours, as the use of them alone can fall short of any significant health improvement, especially if set at a low level.

Complimentary interventions include health education, advertising restrictions, reformulation or nudges. Subsidies can also be useful in encouraging the consumption of certain products and promoting diverse diets. Countries also need to pay attention to political and social dynamics when implementing policies. This includes the role of stakeholders, views of the public and, more

[372] World Bank, "Taxes to Tackle Obesity in Tonga," *World Bank*, 2021, accessed August 2023, https://www.worldbank.org/en/news/feature/2021/12/09/taxes-to-tackle-obesity-in-tonga
[373] Teng et al., "Progress in the Pacific on sugar-sweetened beverage taxes," 376-384.
[374] McDonald, *Sugar-sweetened beverage tax*, 18.
[375] Global Panel on Agriculture and Food Systems for Nutrition. Rethinking trade policies to support healthier diets." *Policy Brief* 13 (2020).
[376] Teng et al., "Progress in the Pacific on sugar-sweetened beverage taxes," 382.

importantly, the influence of political commitments, trade associations and other nation-states, as these have proven to be highly influential in the determination of policies for the PICs.

Institutional and Media Responses [377]

Reporting on Obesity in the PICs and its causes

The Pacific is home to countries with extremely high rates of obesity. *"The biggest cause of death in the Pacific is diet-related chronic diseases, with the region having some of the highest rates of type two diabetes (47 percent) and obesity (75 percent) in the world."*[378] The news sources examined, seemed overwhelmingly sympathetic to the issue of obesity in the region. Many highlighted the impacts it had on societies and its cost on health systems. Voice of America reports that *"the cost to the Asia-Pacific region of citizens being overweight or obese is $166 billion a year"*[379] and obesity puts *"pressure on public healthcare systems that are only just being established in many Asia-Pacific nations."* In addition, that absenteeism from work and the younger age at which obese people die are additional issues for economies through the reduction of productive life. The FAO notes these factors, the impact of climate change and severe weather events faced by the PICs, mean: *"the toll on human lives and livelihoods, as well as the damage to food security, can be overwhelming."*[380]

Many news articles focused on the individual cases of countries, noting for instance, that in Nauru, "*an estimated 45 percent of adults may be diabetic. Life expectancies, which rose throughout the region for decades, have begun to plateau in recent years because of weight-related health problems."*[381] Or that, in Palau, *"22.2% of adults have diabetes and 36% are almost there — meaning that nearly half of Palau's adult population is affected by diabetes."*[382] While in Tonga: *"90 per cent of adults in this island nation of 107,000 people are either obese*

---

[377] * One limit of the case study was that only documents in English were searched. Pacific Island countries all have English as an official language with varying degrees of how commonly spoken it is by the public. English is widely used in government, education and business and as a lingua franca. However, in all these countries there most likely would have been documents in languages other than English, which were not found in this literature search.

[378] Jacobson, Adam, "NZ-based companies profit from sugary drink exports to Pacific," RNZ News, 2021, accessed August 2023, https://www.rnz.co.nz/international/pacific-news/443490/nz-based-companies-profit-from-sugary-drink-exports-to-pacific

[379] Voice of America, "Obesity Among Asia-Pacific Children is Growing Health Crisis," 2018, accessed August 2023, https://www.voanews.com/a/obsity-asia-pacific-children/4338511.html

[380] Food and Agriculture Organization, "FAO pledges to help Pacific Island nations respond to the challenges of climate change, food insecurity and malnutrition, hand in hand, through enhanced partnerships," *News and Press Release*, 2019, accessed August 2023, https://www.fao.org/asiapacific/news/detail-events/en/c/1236328/

[381] Joshua E. Keating, "Why Do the World's Fattest People Live on Islands?," Foreign Policy, February 9, 2011, accessed August 2023, https://foreignpolicy.com/2011/02/09/why-do-the-worlds-fattest-people-live-on-islands/

[382] Marianas Variety, "In Palau, 22.2% of adults are diabetic, 36% are pre-diabetic," *Marianas Variety*, 2021, accessed August 2023, https://www.mvariety.com/news/in-palau-22-2-of-adults-are-diabetic-36-are-pre-diabetic/article_28fff924-472a-11ec-9c6f-f7f65152766e.html

or overweight",[383] *"almost a quarter of Tongans aged over 30 years are now suffering from Type 2 diabetes"*[384] and *"NCDs account for 83% of all deaths"*.[385] Finally, that many other states in Polynesia are *"eating themselves to death"*[386] and life expectancy has decreased in some areas.[387]

Many of these news sources have also noted some of the complexities of the political situations in which these PICs find themselves. Notably in how they are influenced (for better or worse) by other states. *"Almost half of Tonga's health budget is provided by donor and development funding. Vaiola Hospital, for example, was mostly rebuilt and refurbished with funding from the Japanese International Cooperation Agency (JICA). Other big funders include WHO and the governments of Australia and New Zealand."*[388] A large portion of the aid from high-income countries to PICs is given for the provision of healthcare services. *"The Ministry of Foreign Affairs and Trade said New Zealand had sent NZ$31.6 million in non-Covid-19 related health aid to the islands between 2019 and 2020."*[389]

News sources also recognised some of the issues at the root of this rise of NCDs. These include, the economic development the region: *"The region has undergone economic growth, so food has become available at a relatively cheaper price"*.[390] In addition, that the region was increasingly urbanised and with important commute times due to poor transport and infrastructure, many now had less time to cook.[391] The geography also plays into how food is consumed on the islands. For instance, a single fast-food chain can have a bigger impact on a small island with few inhabitants than in a big city in a larger country.[392] Globalisation, trade and economic relations have also been noted as one of the major contributing factors to the transition:

"Most of the Pacific islands were traditional societies, dependent on subsistence farming and fishing until the mid-20th century. The arrival of U.S., French, and British militaries during the Pacific campaigns of World War II began a monumental shift, as the countries opened up to the world. Large-scale industrialization of the Pacific islands

[383] Browne, David, "Tonga's obesity epidemic is causing big trouble in paradise." *Equal Times*, 2017, accessed August 2023, https://www.equaltimes.org/tonga-s-obesity-epidemic-is?lang=en#:~:text=Almost%20a%20quarter%20of%20Tongans,alofa%20is%20crowded%20with%20patients
[384] Ibid.
[385] World Bank, "Taxes to Tackle Obesity in Tonga."
[386] Browne, "Tonga's obesity epidemic."
[387] Ibid.
[388] Ibid.
[389] Jacobson, "NZ-based companies profit from sugary drink exports to Pacific."
[390] Voice of America, "Obesity Among Asia-Pacific Children."
[391] Ibid.
[392] Keating, "Why Do the World's Fattest People Live on Islands?"

didn't begin in earnest until the 1970s. The result was that the South Pacific had only about 40 years to adapt to the kind of modern, sedentary lifestyle that people in the West have been getting used to for centuries."[393]

Both media and the academic literature have therefore highlighted how the embracing of Western diets and lack of exercise have contributed to the rise of obesity. Trade has also historically opened up certain industries in PICs, which diminished their capacity to produce food. For instance, Nauru's land area has been almost entirely given over to phosphate mining, which has both severely degraded the landscape and forced its people onto a tiny portion of liveable land, leaving less room for agriculture.[394]

The composition of diets was the main focus of most of the news sources. Some report diets have changed in the region, are now largely rice-based and people's meals often lack fruit and vegetables. *"In some Pacific island countries, it's actually easier to buy soft drinks and processed foods than buy fruits and vegetables. […] It's almost a delicacy to have a vegetable in a restaurant."*[395] Traditionally, food in PICs was locally grown, gathered and fished, but this has been replaced by imports. Trade has also meant local producers struggle to remain competitive. *"Farmers and fishers from the Pacific islands are having difficulty remaining competitive, both in export and domestic markets. This is largely due to semi-subsistence producers being too poor to buy the modern farm inputs they need to transition into commercial production and distribution. Pacific island countries also generally lack the capacity to process local foods into the 'convenience packaged' products that are increasingly popular in urban markets."*[396] For the FAO, this inability to compete is leading to even faster rates of urbanisation as farmers leave rural communities to search for jobs in cities, further contributing to reliance on imports.[397] Overall, that "*many families have abandoned a traditional healthy diet of fish, fruit and vegetables for imported junk food."*[398] Tongan doctor Siale Akauola states:

"In the olden days people used to hunt. They would go fishing and bring the fish from the sea. But nowadays there's a shop there. What's available is not always the healthiest choice. […] Urbanisation is something that's pretty new here. We are aware that this is the normal transition of a population being exposed to a new environment, new fast food."[399]In addition, feasts and food related events have historically been (and still are) important in Pacific Island culture. Yet the foods which are eaten at feasts have now changed in favour of

[393] Ibid.
[394] Voice of America, "Obesity Among Asia-Pacific Children."
[395] Ibid.
[396] United Nations News, "Pacific Island Countries Urged to Produce More Healthy, Competitive Foods," *United Nations News Centre*, October 10, 2014, accessed August 2023, https://news.un.org/en/story/2014/03/463712
[397] Ibid.
[398] Browne, "Tonga's obesity epidemic."
[399] Ibid.

energy dense HFSS foods. This also contributes to obesity. *"We Tongans just love to eat. On every occasion we have food. In our culture the more food you serve, the more love you have for that person. And I'm not just talking about a cup of tea. It comes with a lot of carbs, a lot of fats and a lot of sugar and salty foods."*[400] Foreign Policy has also stated obesity in the region, might in part, be attributable to the genetics of the people living there. *"Many researchers also believe that Pacific islanders' bodies are genetically hard-wired to store fat more efficiently. This trait used to make a lot of sense — living on a tiny island, highly susceptible to the effects of the weather, often involved long periods of famine and required a great deal of physical labor. But that's not quite the case anymore in a world of retail jobs and Big Macs. (People of African descent are also thought to be prone to retaining weight, perhaps a reason why the inhabitants of Caribbean islands are becoming increasingly obese.)"*[401] However, this opinion is not reflected to a great extent in academic literature or backed up by scientific evidence. Regardless, the context of obesity seem to be well presented in institutional and media narratives and many of its complex causes on the islands discussed.

Discussions of the Policies

Some of the taxes and tariffs introduced in PICs and discussed in this case study have become influential and topics of discussion in other countries in the region, including Indonesia, the Philippines and Singapore, which have discussed implementing similar measures.[402] Both institutions like the FAO and media sources have supported the use of tariffs as a way to reduce the reliance on imported foods. The FAO suggests that *"the revenue generated from additional tariffs and taxes on unhealthy imported food products could be invested in greater nutrition awareness campaigns and to improve the relative competitiveness of nutritious local foods."*[403] In addition they suggest countries should consider introducing tax breaks for the agricultural sector and allow soft loans to allow producers to buy better machinery and reduce tariffs on said machinery or farm equipment.

The obtaining of nutritional information for PICs is also one of the challenges discussed in news sources. This was the problem of Tonga, which was challenged by a shortage of information regarding levels of fat, sugar and salt in everyday food. Tonga sought the World Bank to develop a nutrient profiling model they could use to implement taxes.[404]

"The nutrient profiling is already being applied to the Tongan Government's tax policy. It is also helping to inform front-of-pack labelling for packaged foods, and providing the evidence needed to inform Tonga's action plans for

[400] Ibid.
[401] Keating, "Why Do the World's Fattest People Live on Islands?"
[402] Voice of America, "Obesity Among Asia-Pacific Children."
[403] United Nations News, "Pacific Island Countries Urged to Produce More Healthy, Competitive Foods."
[404] World Bank, "Taxes to Tackle Obesity in Tonga."

changing behaviors to reduce obesity."[405] Tonga is also one of several countries having expanded their medical teams over the years to fight the consequences of obesity. *"Currently we are focusing on physical activity and healthy eating, the two risk factors that really impact our population"*[406] said Tonga Health program coordinator Monica Tuipulotu.

Articles have also suggested countries ought to take a multi-sectoral approach to tackle obesity in the region, i.e., using different policies, including better labelling, education about diets, introducing healthier meals in schools, building more sports facilities, urban planning to make cities more walkable, pushing street vendors to change the foods they sell or even introducing more bans. Taxes have also been supported by local media and institutions.[407,408,409] Some have suggested countries adopt a *"'farm to fork' approach, which encourages farmers to diversify what they grow and be less reliant on growing just rice."*[410] It has also been suggested countries should increasingly invest in modern technology and climate smart agriculture to boost production in the face of climate change and invest in statistics to gain data on food security and malnutrition, to increase State capacity to track health progress.[411]

Additionally, returning to traditional diets has also been suggested in the press, including through the use of bans on sales. Torba, a province of Vanuatu with a population of 10 000 people, mostly subsistence farmers, has now banned all imported "unhealthy" foods, including sweets, noodles, tinned fish or biscuits to promote public health and locally grown traditional foods.[412] Vanuatu's head of tourism council stated: *"In other provinces that have adopted western diets you see pretty young girls but when they smile they have rotten teeth, because the sugar has broken down their teeth. We don't want that to happen here and we don't want to develop the illnesses that come with a western junk food diet."*[413]

---

405 Ibid.
406 Browne, "Tonga's obesity epidemic."
407 Marianas Variety. "Why I Support the Health Care Impact Tax," *Marianas Variety*, 2021 accessed August 2023, https://www.mvariety.com/views/editorials/why-i-support-the-health-care-impact-tax/article_4e9e64cd-40c6-586c-8661-eef9ebbe6f91.html
408 Marianas Variety. "Letter to the Editor: 'Sin Tax' versus 'Sweet Tax'," *Marianas Variety*, 2021, accessed August 2023, https://www.mvariety.com/views/letters_to_editor/letter-to-the-editor-sin-tax-versus-sweet-tax/article_358e72ac-6bc8-5276-9eed-e18a79c1bc24.html
409 Marianas Variety. "CHCC Recommends Tax Hikes to 'Promote Healthy Living'," *Marianas Variety*, 2021, accessed August 2023, https://www.mvariety.com/news/chcc-recommends-tax-hikes-to-promote-healthy-living/article_af5587b8-6464-11eb-9e6d-4f733895a95b.html
410 Voice of America, "Obesity Among Asia-Pacific Children."
411 Food and Agriculture Organization, "FAO pledges to help Pacific Island nations."
412 Ainge Roy. "South Pacific Islands Ban Western Junk Food and Go Organic," *The Guardian*, 2017, accessed August 2023, https://www.theguardian.com/world/2017/feb/03/south-pacific-islands-vanuatu-torba-ban-western-junk-food-health-organic
413 The Telegraph. "South Pacific Islands to Ban Western Junk Food to Improve Health," *The Telegraph*, 2017, accessed August 2023, https://www.telegraph.co.uk/travel/destinations/oceania/articles/vanuatu-to-ban-western-junk-food-and-go-

The rejection of Western HFSS foods and the associated lifestyles as well as a return to traditional diets and methods of production have therefore been well documented in the literature and media sources examined. Many of the discussions have focused on what additional policies and actions countries could use to reduce obesity. English-speaking news sources seem overwhelmingly sympathetic to the case of these countries faced with a huge burden of obesity and influence by other nations. Interestingly in this case, policies have seemed to appear less controversial with the press than restrictive policies can often be in Western countries, with, perhaps, the exception of the trading partners of PICs, who do not wish to see their exports to the area decrease. However, generally the situation of the PICs seems to be portrayed as a case where the urgency of the measures seems to justify the implementation of strict and numerous policies to improve health.

Conclusion

Obesity and NCDs are highly prevalent in the Pacific region, accounting for the majority of deaths and representing large economic burdens on health systems. This is due to the nutritional transition PICs have experienced over the last decades, characterised by a change in diets with higher consumptions of non-local HFSS foods, an adoption of Western sedentary lifestyles, and opening up to trade and imports. The case of these countries reveals the large impact trade can have on small developing nations. Trade agreements and the influence of Western countries in the region have led to the presence of more transnational food companies, as well as shaped the availability and price of "junk" foods, all the while decreasing the demand for locally produced food. To combat these issues, PICs have used health policies to try to reduce the consumption of these products and shift back towards local agriculture, most notably with tariffs and taxes. These have been implemented almost everywhere across the islands and territories, with few even imposing bans on imports.

Following pressures to follow trade commitments, over the years, excise taxes have been added to tariffs, to remain fair and not favour domestic production. The use of these policies have been met with general approval from media, health organisations and researchers, and have had effects on shaping imports and consumption patterns. However, other interventions also ought to be considered if PICs wish to decrease the burden of NCDs. The case study of these nations illustrates how interconnected trade and health can be. And, how fiscal and trade related interventions can be used to affect food supplies.

organic/#:~:text=Torba%20province%2C%20the%20northernmost%20island,entirely%20organic%20region%20by%202020

The PICs thus highlight the need to understand health policies within their broader economic and political contexts. Understanding how international trade and globalisation function and the impacts they can have on agriculture, health systems and individuals is therefore key if countries wish to combat NCDs. While aiming to promote development, trade policies should not restrict population health and should seek to enable health policy rather than constrain it. Finally, this case study has also shown some of the attitudes towards the situation in the region and the policies introduced and some of the common arguments found in the discourse around the subject, such as the need to reject Western HFSS foods while promoting traditional and local diets.

Chapter 6 – USA: Awareness Campaigns on Sugar

Introduction

The New York City (NYC) government has been prominent in attempting to use obesity-related policies to tackle unhealthy diets in the city of over 8 million people. A number of these, like the proposed SSB tax and portion cap rule failed to be implemented, due to large public and industry opposition. However, other policy attempts have been more successful, e.g., the introduction of calorie labelling on foods sold in restaurants. In particular however, the city has heavily relied on information campaigns to try to reduce sugar consumption, especially from SSBs. The first of these was the "Pouring on the Pounds" campaign (POTP), which was extensively used throughout the public transport system. The campaign targeted SSBs and included slogans such as *"Don't drink yourself fat. Cut back on soda and other sugary beverages. Go with water, seltzer or low-fat milk instead."* This campaign was adapted in several other cities and states including in San Francisco in 2010 and LA from 2011 to 2012. Materials for the campaign were produced in both English and Spanish.[414]

Following the POTP campaign, NYC launched numerous other campaigns targeting sugar, SSBs, portion sizes and aiming to promote water consumption. From November 2013 to January 2014 the Department of Health and Mental Hygiene (DOHMH) ran a campaign featuring messages like *"Your kids could be drinking themselves sick"* and *"You could be drinking yourself sick"*. This intervention encouraged consumers to replace SSBs with milk, water or fresh fruit. The ads appeared on the transport system and TV, again in both English and Spanish.[415] The DOHMH also ran another campaign ("Skinny Kids") in June 2015, informing of the risks for children of consuming SSBs. The ads explained SSBs could lead to increased visceral fat and other obesity related illnesses. Parents were again encouraged to swap out SSBs for water or fruit.[416] Others included the "Sounds Healthy" (2014-15), "Drink NYC Tap Water" (2016), "The Sour Side of Sweet" (2017) or the "Which One?" (2019) campaigns.[417] Campaigns have thus been a common method to try to inform the public, dissuade SBB consumption and reduce obesity rates in the city, though these were not without controversy.

---

[414] World Cancer Research Fund International. "Nourishing framework." Inform people about food and nutrition through public awareness. Public awareness campaigns concerning specific unhealthy food and beverages, accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/

[415] Ibid.

[416] Ibid.

[417] New York City Department of Health and Mental Hygiene, "Health Department Launches Campaign Comparing Sugary Drinks to Cigarettes," news release, 2019, accessed August 2023, https://www.nyc.gov/site/doh/about/press/pr2019/campaign-comparing-sugary-drinks-cigarettes.page

This case study will examine the use of these campaigns, especially the POTP campaign, as it was one of the most influential in the US. The case of these campaigns is interesting as it reveals some of the unique ethical issues linked to these policies, shows how even low-coercive interventions can lead to backlash and debates over paternalism or nanny-statism and highlights the importance of understanding local political views, particularly in Libertarian contexts like the US.

Context of Obesity in the US and NYC

America suffers from one of the highest obesity rates of any developed country; this is especially true for male obesity. The prevalence of childhood obesity, while high, has begun to stabilise in some segments of the population and the rapid rate of increase seems to be slowing, especially for women.[418] In 2017, the overall obesity rate in the country was 41.9%, an increase from 30.5% in 2000,[419] while in 2019 dollars, the estimated annual medical cost of obesity in the United States was nearly $173 billion.[420] Black adults have the highest rates of obesity at 49.9%, Asian adults the lowest at around 16.1%, while the obesity rate for white adults is around 41.4%.[421] One of the factors contributing to these obesity rates is the high consumption of HFSS foods in the country, including sweet foods. Americans consume important amounts of products high in sugar or fructose corn syrup. For instance, in 2010 and 2015, 63% of Americans over 18 reported drinking one or more SSBs per day,[422] though the quantity and frequency of SSB consumed varies geographically (e.g., 68% of adults in the Northeast drinking at least one SSB per day vs 59% in the Midwest)[423] and by individual factors like age, sex or socioeconomic status (e.g., SSB consumption is higher in males and lower-income groups).[424]

Sugar intakes have increased in NYC over the past few decades, correlating with increases in the costs of treating obesity. In 2008, the State spent an estimated $7.6 billion on obesity-related illnesses, while that same year, $147 billion was spent treating the consequences of obesity, or almost 10 percent of overall health care spending. In addition, in 2020, over 25% of NYC adults

---

418 Johnson, Rachel K., and Bethany A. Yon. "Turning the Tide on Americans' Added Sugars Consumption." *Nutrition Today* 47, no. 3 (2012): 95.
419 Centers for Disease Control and Prevention, "Adult Obesity Facts," last modified May 17, 2022, accessed August 2023, https://www.cdc.gov/obesity/data/adult.html
420 Ibid.
421 Ibid.
422 Centers for Disease Control and Prevention, "Get the Facts: Sugar-Sweetened Beverages and Consumption," last modified April 11, 2022, accessed August 2023, https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html
423 Ibid.
424 Ibid.

were obese (with some boroughs like the Bronx or Staten Island reaching rates of over 30%):[425] a steady increase from under 20% in 2005.[426] Type two diabetes, heart disease, high blood pressure, high cholesterol, cancer and osteoarthritis are increasing. Childhood obesity rates have also tripled in three decades.[427]

The prevalence and cost of obesity in NYC has made it a policy priority for the city and led to the implementation of policies to curb these rates. New York City's DOHMH has introduced a number of policies since 2006 to influence individual behaviours and the consumption of products like SSBs, including institutional changes, regulatory and legislative policy proposals and the focus of this case study: education via mass media.[428] Amongst these, public awareness campaigns have been used to incentivise physical activity, the consumption of fruit and vegetables and water consumption, as well as to decrease portion sizes and the intake of SSBs. Many interventions failed to be introduced however, most notably the excise tax on SSBs proposed in Governor Patterson's 2009 executive budget,[429] and the proposed portion cap on SSBs (or "Big Gulps"). A Libertarian group called *New Yorkers Against Unfair Taxes* was created to oppose the tax. They highlighted the regressive nature of the tax and how it would disproportionately affect low-income communities and families. They also emphasised the potential job losses and economic impact the tax would have on small businesses.[430,431] This led NYC's DOHMH to backtrack on the policy, instead launching the POTP campaign. As the introduction of fiscal interventions proved difficult in NYC, the DOHMH focused on these campaigns to change the behaviours of the population, focusing especially on SSBs. This focus on SSBs as the target of the interventions stems from their overconsumption both in the US and the city. It has been estimated SSBs represent the primary source of extra calories in the American diet, as individuals do not compensate by eating fewer calories.[432]

---

425 New York City Department of Health and Mental Hygiene, "Obesity (adults)," *Environment & Health Data Portal*, Data Explorer accessed August 2023, https://a816-dohbesp.nyc.gov/IndicatorPublic/beta/data-explorer/overweight/?id=2063#display=summary
426 Ibid., Trend.
427 Isett, Kimberley Roussin, Miriam J. Laugesen, and David H. Cloud. "Learning from New York City." *Journal of public health management and practice* 21, no. 4 (2015): 317.
428 Kansagra, Susan M., Maura O. Kennelly, Cathy A. Nonas, Christine J. Curtis, Gretchen Van Wye, Andrew Goodman, and Thomas A. Farley. "Reducing sugary drink consumption: New York City's approach." *American journal of public health* 105, no. 4 (2015): 62.
429 Isett, Laugesen, and Cloud, "Learning from New York City," 317.
430 Ibid., 318.
431 Greg Lindenberg, "New Yorkers Against Unfair Taxes Takes on Soda Hike," CSP Daily News, 2009, accessed August 2023, https://www.cspdailynews.com/regulation-legislation/new-yorkers-against-unfair-taxes-takes-soda-hike
432 Han, Euna, and Lisa M. Powell. "Consumption patterns of sugar-sweetened beverages in the United States." *Journal of the Academy of Nutrition and Dietetics* 113, no. 1 (2013): 43-53.

SSBs constitute about one-third of added sugar consumption in the diet of U.S. adults, with 51% consuming at least one each day.[433] *"A nationally representative survey conducted in 2009 to 2010 found that sugary drinks contributed approximately 150 calories a day to the diet of both adults and youths, with some subgroups consuming far more; for example, adolescent boys consumed a mean of 278 calories per day, and men aged 20 to 39 years consumed 2 a mean of 258 calories per day."*[434,435]

As a response the DOHMH thus conducted a number of campaigns, starting with POTP through television, posters and internet to encourage New Yorkers to drink fewer SSBs.[436] Similar campaigns have also been used in other areas of health policy: to try to reduce tobacco consumption and HIV infections.[437] Many of these have relied on fear-based appeals to disseminate their messages.[438] These de-normalisation strategies in New York have set a precedent for other cities across the country to adopt similar health campaigns, particularly as the widespread adoption of such interventions is more difficult for smaller cities before larger cities like NYC implement them.[439] Since then, cities like LA and San Francisco have implemented similar measures.[440] In that sense, NYC has been a domestic leader in obesity prevention, by attempting to promote healthy behaviours and educate citizens on the effects of high sugar consumption.

The Campaigns

The DOHMH's series of campaigns, including the 2009 *Pouring on the Pounds* campaign, the 2012 *Portions* campaign or the 2013 *You could be drinking yourself sick,* and 2017 *The sour side of sweet* displayed messages such as (these campaigns also heavily relied on videos):

[433] Dillard, James Price, Jinyoung Kim, and Shu Scott Li. "Anti-sugar-sweetened beverage messages elicit reactance: Effects on attitudes and policy preferences." *Journal of health communication* 23, no. 8 (2018): 703.
[434] Kansagra et al., "Reducing sugary drink consumption," 61.
[435] Kit, Brian K., Tala HI Fakhouri, Sohyun Park, Samara Joy Nielsen, and Cynthia L. Ogden. "Trends in sugar-sweetened beverage consumption among youth and adults in the United States: 1999–2010." *The American journal of clinical nutrition* 98, no. 1 (2013): 180-188.
[436] Kansagra et al., "Reducing sugary drink consumption," 62.
[437] Fairchild, Amy L., Ronald Bayer, and James Colgrove. "Risky business: New York City's experience with fear-based public health campaigns." *Health Affairs* 34, no. 5 (2015): 844-851.
[438] Ibid.
[439] Lindsay Freeman Wiley, "Sugary Drinks, Happy Meals, Social Norms, and the Law: The Normative Impact of Product Configuration Bans," Connecticut Law Review 46, no. 6 (2014): 1877-1888.
[440] World Cancer Research Fund, "Public awareness campaigns concerning specific unhealthy food and beverages."









Illustrations: Images from the four aforementioned NYC DOHMH campaigns

The POTP campaign was the first shock-based campaign in the US designed to reduce obesity and SSB consumption. The advertisements were featured in over 1500 subway cars and billboards in the city and the posters were complemented by a website, which citizens could visit for more information.[441] Some posters informed that the effect of consuming one SSB a day was equivalent to 50 pounds of sugar in a year, others informed how many miles New Yorkers would have to

[441] Smith, Jordan Douglas. *Sugar, smoke and shock: a rhetorical study of the New York City health department's "Pouring on the Pounds" and "Quit Smoking Today" public health advertisements.* PhD diss., Wichita State University, 2011, 6.

walk to burn the calories from different portions of SSBs, while some portrayed images of obese people or graphic images of globs of fat being poured out of bottles.

On average, New Yorkers "*were exposed to the campaigns six to twelve times over a duration of usually three to four weeks. The information from these campaigns was presented to more than 300 community- and faith-based institutions. […] . A street intercept survey of 1200 New Yorkers evaluated one of the campaign advertisements in 2011. Three fourths of respondents recalled seeing the campaigns, and about half of those who recalled seeing them said that they had reduced their consumption of sugary drinks. […] More than 30 municipalities around the country have adapted the campaigns for their own use.*"[442]

The POTP campaign was successful in its aim of being seen by the public of the city. Although its effectiveness at changing behaviours and reducing SSB consumption has been debated.

Effectiveness

A number of these campaign posters were based on psychological threat messages, to expose audiences to credible health risks and encourage behaviour change while emphasising individuals' responsibility for their health.[443,444] It has been noted that using social threats can be an effective method to communicate a health risk message. A comparative study found fear-based messages were more effective in reducing SSB consumption than other forms of messages such as humour or nurturance. Repeated exposure has also shown to increase persuasion in this case.[445]

In addition, use of mass media campaigns to educate citizens on health have shown some success in different areas of the US. A study on different health campaigns in the US by Schmitz and Jeffery note that *"all provided risk factor reduction education to large numbers of people in a cost-effective manner."*[446] Another mass media campaign designed to reduce SSB purchases and consumption in a rural area of the US showed some positive results. *"Compared with 12 months before, after the start of the campaign, SSB sales decreased 3.4%, including a 4.1% decrease in soda sales in the intervention area […] The surveys showed significant differences in beliefs about SSBs from before to after the campaign, with a higher*

442 Kansagra et al., "Reducing sugary drink consumption," 62.
443 Diers-Lawson, A. R., M. J. Birkholt, and H. Bruce. "Killer Coca-Cola vs Pouring on the pounds: Comparing the brand damage potential between negative health messaging and counterbranding strategies." (2015): 2.
444 Janz, Nancy K., and Marshall H. Becker. "The health belief model: A decade later." *Health education quarterly* 11, no. 1 (1984): 1-47.
445 Dillard, Kim, and Li, "Anti-sugar-sweetened beverage messages," 703.
446 Schmitz, M. Kathryn H., and Robert W. Jeffery. "Public health interventions for the prevention and treatment of obesity." *Medical Clinics of North America* 84, no. 2 (2000): 503.

proportion of respondents afterward who agreed that SSBs were a 'big cause of weight gain'."[447] Another study in Howard County Maryland of a three-year healthy beverage campaign also showed success in decreasing the sales of SSBs. *"After the three-year campaign, soda sales in Howard County stores declined by 19.7%, while sales in comparison stores remained stable."*[448] Another study, conducted in Australia, also showed promising results, as it provided some preliminary evidence that strong visual messages (like the ones in the POTP campaign) could help reduce the *"persuasive effects of potentially misleading promotions for uneahtlhy foods."*[449] Although these studies were not in NYC, they do show some favourable results towards the use of such campaigns. Another study, which looked at many mass media campaigns, including POTP, also highlighted these had an impact on immediate outcomes: "*it was apparent that campaigns can influence knowledge, attitudes, and intentions, especially where awareness of the campaign was high."*[450] Kansagra et al.*,* focusing on NYC, also note these campaigns, along with other policies like setting nutrition standards in specific settings like schools, hospitals or senior centres and regulatory policy changes like calorie labelling on menus, were accompanied with a 35% decrease in the number of NYC adults consuming one or more SSBs a day and a 27% decrease in public high school students also doing so from 2007 to 2013 (though it is unclear whether this can be directly attributed to the efforts).[451] The authors also suggest the use of a range of policies may be more effective to tackle the consumption of sugar and SSBs.

---

[447] Farley, Thomas A., Hayli S. Halper, Anne M. Carlin, Karen M. Emmerson, Kelly N. Foster, and Angela R. Fertig. "Mass media campaign to reduce consumption of sugar-sweetened beverages in a rural area of the United States." *American journal of public health* 107, no. 6 (2017): 989.

[448] Falbe, Jennifer, and Kristine Madsen. "Growing momentum for sugar-sweetened beverage campaigns and policies: costs and considerations." *American journal of public health* 107, no. 6 (2017): 835.

[449] Dixon, Helen, Maree Scully, Bridget Kelly, Robert Donovan, Kathy Chapman, and Melanie Wakefield. "Counter-advertising may reduce parent's susceptibility to front-of-package promotions on unhealthy foods." *Journal of nutrition education and behavior* 46, no. 6 (2014): 472.

[450] Kite, James, Anne Grunseit, Erika Bohn-Goldbaum, Bill Bellew, Tom Carroll, and Adrian Bauman. "A systematic search and review of adult-targeted overweight and obesity prevention mass media campaigns and their evaluation: 2000–2017." *Journal of Health Communication* 23, no. 2 (2018): 230.

[451]Kansagra et al., "Reducing sugary drink consumption," 61.

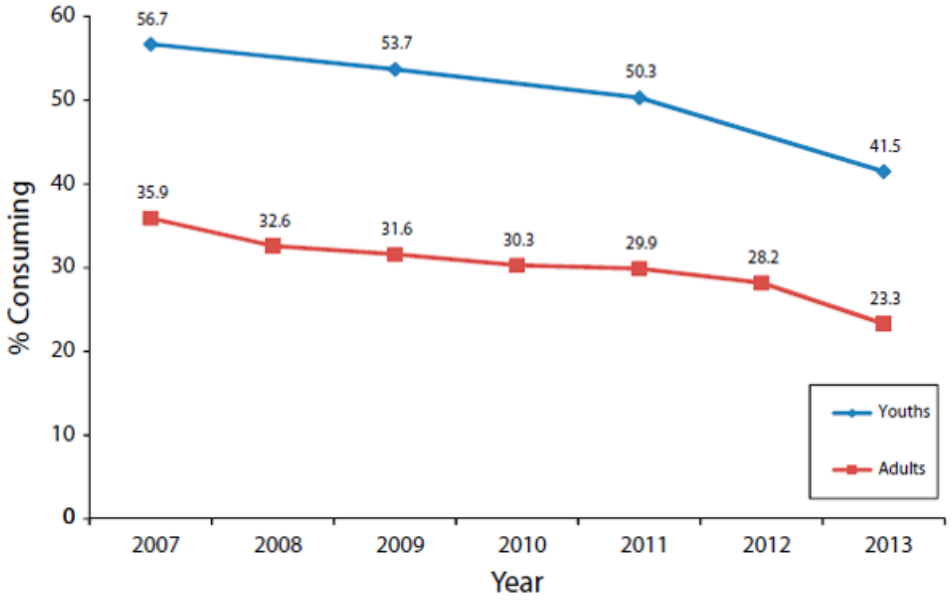


FIGURE 1—Adult and youth sugary drink consumption: New York City, 2007–2013.

Source: Kansagra et al., "Reducing sugary drink consumption," *63.*

Fairchild et al., have also noted there is evidence campaigns based on fear and shock can work, yet that it is crucial to design these in non-stigmatising ways.[452] In addition, information campaigns are generally less intrusive than other types of interventions, these also usually face less resistance from the public. This is an advantage for information campaigns as they can usually garner more support than policies like taxation or reduction of portion sizes. These findings are consistent with a number of studies[453,454] and are a point in favour of the use of such campaigns for policymakers who wish to avoid public resistance to interventions. Finally, these types of campaigns can also be useful in efforts to decrease childhood obesity as suggested by Barry et al. They suggest parents who were subject to messages from a media campaign to increase awareness of childhood obesity "*attributed greater responsibility for addressing childhood obesity to the food and beverage industry, schools, and the*

[452] Fairchild, Bayer, and Colgrove, "Risky business," 844-851.
[453] Diepeveen, Stephanie, Tom Ling, Marc Suhrcke, Martin Roland, and Theresa M. Marteau. "Public acceptability of government intervention to change health-related behaviours: a systematic review and narrative synthesis." *BMC public health* 13, no. 1 (2013): 1-11.
[454] Hagmann, Désirée, Michael Siegrist, and Christina Hartmann. "Taxes, labels, or nudges? Public acceptance of various interventions designed to reduce sugar intake." *Food Policy* 79 (2018): 156-165.

government, compared to those in the control group. Nearly 80% of people who were aware of the media campaign intended to reduce the amount of soda or sugary drinks they offered to a child as a result of the campaign ads."[455]

Overall, although it is unclear whether these campaigns lead to significant changes in behaviour in the long term, particularly as many other environmental factors have a role to play in what people consume,[456] there is some evidence to suggest they can contribute to reducing consumption of SSBs. In addition, that messages that highlight the dangers associated with the consumption of SSBs can be effective means of changing attitudes and policy preferences and increase knowledge about the health problems associated with excessive sugar consumption.[457,458]

Critiques

However, these types of interventions have also been criticised on a number of accounts in academic literature. Firstly, some have questioned whether the use of fear-based messaging would lead to eventual desensitisation to shock advertising, thus making them less effective over time.[459] In addition, the notion of reactance has been discussed with regard to these interventions. Reactance refers to "*an unpleasant motivational arousal that emerges when people experience a threat to or loss of their free behaviors."*[460] This behaviour response and resistance to persuasion can lead to outcomes contrary to policy intentions or in this case, lead individuals to pursue behaviours contrary to the goals of the campaigns.

Dillard, J.P et al., for instance, write that "*anti-SSB threat appeals produce reactance […] which in turn reduces persuasion. We conclude that even professionally-produced, real-world messages can produce reactance. This is a challenge for campaigns intended to reduce SSB consumption."*[461] People who engage in the behaviour more often are also more likely to react negatively to these types of messages. *"Individuals who reported higher levels of SSB consumption perceived greater threat to freedom and more reactance. Other studies report a parallel finding in which persons who drink more alcohol reject drinking-reduction messages more vigorously*

---

455 Barry, Colleen L., Sarah E. Gollust, Emma E. McGinty, and Jeff Niederdeppe. "Effects of messages from a media campaign to increase public awareness of childhood obesity." *Obesity* 22, no. 2 (2014): 466.
456 Roberto, Christina A., Boyd Swinburn, Corinna Hawkes, Terry TK Huang, Sergio A. Costa, Marice Ashe, Lindsey Zwicker, John H. Cawley, and Kelly D. Brownell. "Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking." *The Lancet* 385, no. 9985 (2015): 2400-2409.
457 Dillard, Kim, and Li, "Anti-sugar-sweetened beverage messages," 703.
458 Boles, Myde, Adelle Adams, Amy Gredler, and Sonia Manhas. "Ability of a mass media campaign to influence knowledge, attitudes, and behaviors about sugary drinks and obesity." *Preventive medicine* 67 (2014): 40-45.
459 Smith, *Sugar, smoke and shock*, 76.
460 Steindl, Christina, Eva Jonas, Sandra Sittenthaler, Eva Traut-Mattausch, and Jeff Greenberg. "Understanding psychological reactance." *Zeitschrift für Psychologie* (2015): 205.
461 Dillard, Kim, and Li, "Anti-sugar-sweetened beverage messages," 708-709.

than their lower consumption counterparts. Those most at risk are those most likely to manifest resistance to persuasion."[462]

In addition, some of these campaigns have been criticised for reinforcing social stigma on overweight people.[463] It has been noted some of the campaigns used by NYC, have, in part, been effective, as *"the fear of getting fat certainly played on worries about becoming unattractive in the eyes of others."*[464] This can lead to unfair treatment of overweight individuals, which can "*create or exacerbate health disparities as well as interfere with public health promotion."*[465] The use of these tactics can therefore contribute to reinforcing associations between being overweight and unattractive and undermine health promotion. Thus, it has been suggested that both the language and visual content of these campaigns should be carefully chosen so as not to portray overweight people in stigmatising ways.[466]

Furthermore, others have suggested it is unclear whether these campaigns can effectively change behaviours. While they might change attitudes about a certain product, this does not necessarily mean they will lead to long-term behaviour change. In fact, *"they cannot be expected to achieve significant population wide behavior change. What is needed is substantial involvement of and investment by government at all levels."*[467] In addition, that there is simply not enough evidence to support their use.[468]

Finally, it has also been said that, even though these policies can be useful in reducing obesity rates, policymakers ought to pay more attention to the overall food environment and social determinants of health to have a significant long-term effect on obesity. The preference and demand for unhealthy products is in part shaped by the food environments in which people find themselves and which exploits their *"biological, psychological, social, and economic vulnerabilities"*,[469] leading to impacts on health. Policies need to address this food and consumption environment if they are to address obesity effectively. Without addressing the unhealthy food environment of the US, including its food advertising, cost and culture, these campaigns may be less useful in the long run as their effects are not sustained.

---

462 Ibid., 710.
463 Fairchild, Bayer, and Colgrove, "Risky business," 844-851
464 Ibid., 846.
465 Puhl, Rebecca, Joerg Luedicke, and Jamie Lee Peterson. "Public reactions to obesity-related health campaigns: a randomized controlled trial." *American journal of preventive medicine* 45, no. 1 (2013): 37.
466 Ibid., 36-48.
467 Nestle, Marion, and Michael F. Jacobson. "Halting the obesity epidemic: a public health policy approach." *Public health reports* 115, no. 1 (2000): 19.
468 Walls, Helen L., Anna Peeters, Joseph Proietto, and John J. McNeil. "Public health campaigns and obesity-a critique." *BMC public health* 11, no. 1 (2011): 1-7.
469 Roberto et al., "Patchy progress on obesity prevention," 2401.

Nanny-statism & Libertarianism

An interesting aspect of these interventions is they generated significant debates and opposition to paternalism, nanny-statism and unnecessary governmental interference, as well as overall reactance to the graphic images. The POTP campaign was often described as graphic and shocking: *"Putting aside the careless and amateurish art direction (what's with the highball glass?), the message is loud and clear. But it is also literally nauseating."*[470] The imagery was also mocked: *"Citizens of New York City, we have an urgent message the Nanny State: 'Stop drinking soda, you disgusting fat-body!'"*[471] Ethically, the extent to which such interventions are coercive has been debated, as providing information is usually considered one of the least coercive types of public policies. However, there is an important ethical distinction to be made between campaigns which merely provide information, and those which provoke fear or disgust since these can be seen as a form of manipulation or cause distress to individuals if these create anxiety, shame, guilt or stigma. Many of the common arguments against policies were also seen in the context of these campaigns. Namely, that such interventions implied the poor were incapable of making choices for themselves and assumed agents as irrational.[472] Friedman has suggested a key element in the controversy of these policies is their visibility. The high visibility of interventions can contribute to making them less politically palatable. *"Visibility is the key distinction between paternalistic measures like the ban on artificial trans-saturated fats in restaurant food—which have faced very little opposition in spite of adopting a heavy-handed approach—and measures like the "Big Gulp Ban" and the "Happy Meal Ordinance"—which are unpopular and have been strongly opposed by industry in spite of intruding less upon individual autonomy."*[473] In this case, visibility may have been the key factor in the little opposition faced by the ban on trans-saturated fats, as citizens tend to be more aware of the size of the drinks they purchase or their cost, than the contents of the processed foods they buy. Visibility can therefore have an impact on the reactance to campaigns and whether people believe them to be justified or not. Of course, this is particularly problematic for such campaigns, which rely on visibility to meet their goals.

Former Mayor Bloomberg was also heavily criticised for being NYC's "nanny". The NY Times wrote: "*Mayor Michael R. Bloomberg has become New York City's nutritional nag, banning the use of trans fats, forcing chain restaurants to post calorie counts and exhorting diners to consume less salt. Now he is at it again, directing his wrath at sugary drinks in a new series of arresting advertisements that ask subway riders: "Are you*

[470] Garfield, Bob. *The chaos scenario*. Stielstra Publishing, 2009, 26-27.
[471] Del Signore, John, "Video: NYC Health Dept Won't Shut Up About Soda." *Gothamist*, 2009, accessed August 2023, https://gothamist.com/food/video-nyc-health-dept-wont-shut-up-about-soda
[472] Fairchild, Bayer, and Colgrove, "Risky business." 844-851.
[473] Wiley, "Sugary Drinks, Happy Meals, Social Norms, and the Law," 1880-1881.

pouring on the pounds?"[474] Other newspapers mocked his own dietary habits to discredit the policies. *"A health tip sheet from the mayor's office tells New Yorkers to "drink smart" by choosing water, even though Mr. Bloomberg has a three- to four-cup-a-day coffee habit. 'I can count on two hands the number of times I have seen him drink water,' said one dining companion […] This is the man telling New York City residents that if they want to drink 20 oz of soda, they have to buy at least two containers of it."*[475] In response to charges of nanny-statism, Bloomberg responded with claims such policies would contribute to saving lives, reduce suffering and did little to restrict people: "*You can still be obese. We're not keeping you from eating fattening foods or drinking 32-ounce bottles of full-sugar drinks…. We are just telling you that this is detrimental to your health and making you understand that",*[476] i.e., that the collective health benefit following from such policies would justify the campaigns.[477]

Many of the critiques however were directed around the potential restrictions on liberty these interventions implied. Rains writes that *"messages designed with the objective of behavior change must necessarily (implicitly or explicitly) limit an audience's freedom".*[478] However, if such claims are true, they must also apply to any form of industry advertising which negatively impacts individual health (and perhaps even more so if these do not provide any useful information in the process). Rains suggest advocating for any kind of behaviour change, in some ways, limits an individual's capacity to engage in that behaviour freely. In this case, explicit methods of advocacy discouraging specific behaviours would affect people's freedom to consume what they wish. Dillard et al., argue freedoms are beliefs about how we can behave, evaluate and feel. *"Anything that makes it more difficult to exercise a freedom will be perceived as a threat. Social influence attempts are viewed as threats because they direct individuals to perform or not a specific behavior."*[479] From this conception, it would seem any political influence aiming to shape behaviours can be perceived as a threat to freedom. While this reflects Libertarian views on liberty, as I explore in a later chapter, there are many instances where Liberals, like Mill, would not see such interference as liberty-limiting, e.g., if they are merely a form of soft paternalism.

---

[474] Barbaro, Michael, "Mayor Doesn't Always Live by His Health Rules." *The New York Times*, 2009, accessed August 2023, https://www.nytimes.com/2009/09/23/dining/23bloom.html

[475] Dougherty, Michael Brendan, "Hey Mike Bloomberg, When Are You Going To Ban Salted Bagels?" *Insider*, 2012, accessed August 2023, https://www.businessinsider.com/hey-mike-bloomberg-when-are-you-going-to-ban-salted-bagels-2012-6?r=US&IR=T

[476] Bateman-House, Alison, Ronald Bayer, James Colgrove, Amy L. Fairchild, and Caitlin E. McMahon. "Free to consume? Anti-paternalism and the politics of New York City's soda cap saga." *Public Health Ethics* 11, no. 1 (2018): 45-53.

[477] Fairchild, Bayer, and Colgrove, "Risky business," 849.

[478] Rains, Stephen A. "The nature of psychological reactance revisited: A meta-analytic review." *Human communication research* 39, no. 1 (2013): 67.

[479] Dillard, Kim, and Li, "Anti-sugar-sweetened beverage messages," 704.

Yet Dillard and colleagues' view may explain why individuals who reported higher consumption of SSBs also perceived a greater threat to their freedom from these interventions and exhibited more reactance. So, although the campaigns did little to directly coerce individuals into adopting behaviours, their influence on beliefs about food and beverage consumption has been seen as an attack on freedom of choice.[480]

Unsurprisingly, one of the main defenders of the liberty argument and opponent of the interventions was the SSB industry itself, who invested millions of dollars to portray the various policies of the DOHMH (including the failed interventions like the "Big Gulp" ban) as violations of free choice.[481] The American Beverages Association made a formal complaint, against NYC's DOHMH through the State of New York.[482] The same organisation also stated the campaign to reduce the consumption of SSBs would lead to *"more harm than good"*[483,484] and the city's obsession with attacking soft drinks was *"over the top"*.[485,486,487] The ABA also denounced the city's use of Photoshop to depict an amputated overweight man as well as their use of actors in the campaigns. The ABA stated: *"This is another example of the 'What can we get away with?' approach that shapes these taxpayer-funded ad campaign."*[488] Health Department spokesman John Kelly responded to this by stating: *"We might stop using actors in our ads if the food industry stops using actors in theirs."*[489] In addition, Chris Gindlesperger, spokesperson for the ABA, stated the campaign was *"discriminatory and singles out one product out of an array of foods and beverages, all of which contribute equally to this very complex issue."*[490] Finally, they also claimed, *"The city is not going to address the obesity issue by attacking soda because soda is*

---

480 Ibid., 703-711.
481 Schlanger, Zoe. "Bloomberg's Jumbo Soda Ban Dies as New York Judge Rules It Exceeds City's Regulatory Authority." Newsweek, 2014, accessed August 2023, https://www.newsweek.com/bloombergs-jumbo-soda-ban-dies-new-york-judge-rules-it-exceeds-citys-regulatory-256376
482 Smith, "Sugar, smoke and shock," 7.
483 Lomangino, Kevin. "Anti-obesity ads go extreme." *Clinical Nutrition Insight* 37, no. 1 (2011): 7-9.
484 Chan, Sewell, "City Plans a Campaign Against Sugary Drinks." The New York Times, 2009, accessed August 2023, https://www.nytimes.com/2009/09/01/nyregion/01fat.html
485 Chan, Sewell. "New Salvo in City's War on Sugary Drinks." The New York Times, 2009, accessed August 2023, https://archive.nytimes.com/cityroom.blogs.nytimes.com/2009/08/31/new-salvo-in-citys-war-on-sugary-drinks/
486 Grynbaum, Michael M. "Bloomberg Plans a Ban on Large Sugared Drinks." The New York Times, 2012, accessed August 2023, https://www.nytimes.com/2012/05/31/nyregion/bloomberg-plans-a-ban-on-large-sugared-drinks.html?smid=tw-nytimes&seid=auto
487 Chung, Jen. "Bloomberg Wants To Ban Sugary Drinks Over 16 Ounces." *Gothamist*, 2012, accessed August 2023, https://gothamist.com/food/bloomberg-wants-to-ban-sugary-drinks-over-16-ounces
488 Robbins, Christopher. "Photoshopped Amputation In Anti-Soda PSA Upsets Big Soda." *Gothamist*, 2012, accessed August 2023, https://gothamist.com/food/photoshopped-amputation-in-anti-soda-psa-upsets-big-soda
489 Ibid.
490 Cheeseman, Gina-Marie. "Soda Ad Wars Take Over NYC." TriplePundit, 2012, accessed August 2023, https://www.triplepundit.com/story/2012/soda-ad-wars-take-over-nyc/65331

not driving the obesity rates.[…] It's time for serious health professionals to move on and seek solutions that are going to actually curb obesity. These zealous proposals just distract from the hard work that needs to be done on this front."[491]

The NYC Beverage Association also launched a 1 million dollar counter-campaign to fight the claims of the health department. This campaign featured on 570 subway cares, 75 buses and 120 subway platforms.[492] Stefan Friedman of the association stated it was important for them to tell their story and that *"all evidence is clear that the obesity epidemic comes from a number of different sources. Sugar-sweetened beverages comprise just 5 percent of the American diet."*[493] Overall the industry highlighted how these campaigns distracted from the real solutions to dealing with obesity and the focus on SSBs alone was not going to be impactful enough.

News and Media

These campaigns were heavily reported on in the media, including in highly read newspapers like the New York Times. Overall opinions were mixed on whether the campaigns were necessary and ethically justified.

News and media sources reported on the context of obesity in the country and NYC as well as the dietary habits of New Yorkers. Gothamist wrote that *"2 million New Yorkers drink at least one sweetened beverage each day; some beverages contain as much as 250 calories a pop, and a 20-ounce bottle of soda can contain 16 ½ teaspoons of sugar. A survey found that daily consumption was highest among Bronx residents, followed by residents of Staten Island, Brooklyn, Queens and Manhattan."*[494] It was noted the POTP campaign was run by the NYC DOHMH, but was funded by private donors.[495] The interventions were discussed in the context of the obesity epidemic and how this, in part, justified the interventions.

"The Health Department insists the graphic new ad is necessary to scare New Yorkers straight, because diabetes results in more than 22,000 hospitalizations, approximately 2,800 amputations and nearly 1,700 deaths every year. Too many sugar-sweetened drinks are fueling the obesity epidemic"[496] In addition, *"obesity and the serious health consequences that result are making hundreds of thousands of New Yorkers sick or disabled. This new campaign shows how easy it is to drink a staggering amount of sugar in one day without realizing it."*[497]

---

[491] Chung, "Bloomberg Wants To Ban Sugary Drinks Over 16 Ounces."
[492] Cheeseman, "Soda Ad Wars Take Over NYC."
[493] Ibid.
[494] Del Signore, John. "Glass of Human Fat Debuts In New Health Department Ads." *Gothamist*, 2009, accessed August 2023, https://gothamist.com/food/glass-of-human-fat-debuts-in-new-health-department-ads
[495] Chris Woolston, "Anti-ads," Knowable Magazine, 2018, accessed August 2023, https://knowablemagazine.org/article/society/2018/anti-ads
[496] Del Signore, "Video: NYC's New Anti-Sugar PSA."
[497] Ibid.

A number of foreign papers also commented on the interventions and generally showed approval for them.[498,499] The new sources examined also stated (governmental) counter marketing, policy interventions and cultural changes had led the US's SSB consumption to decline over the last two decades.[500] In addition, that additional nudges, taxes and other policies would likely continue to lead to a decline in the coming years.

While all news sources recognised the problem of obesity in the country, not all thought these campaigns were the right way to go about this issue. However, some stated these messages were rightfully dramatic as they generated the attention to make them effective and were justified given the importance of the issue. Some also pointed to the declines in consumption of SSBs and obesity rates in the city following the policies. The Guardian wrote: *"In 2009, New York City launched a deliberately nauseating ad campaign depicting globs of human fat pouring from a cola bottle. 'Are you pouring on the pounds?' was the tagline. Consumption of sweetened fizzy drinks dropped by 12% in the city after the campaign."*[501] Gothamist noted the obesity rates had declined following these campaigns: *"Nanny Bloomberg had some relatively good news to brag about today. Bucking national trends, the overall obesity rate among NYC kindergartners through eighth graders has dropped 5.5 percent in the last five years"*[502] and that the overall rate had *"gone from 21.9 percent obese in 2006-07 to 20.7 percent in 2010-11"*[503] Finally, Gothamist also pointed out the policies may have been effective, as the CDC noted: *"obesity decreased significantly among children in all age groups and in all socioeconomic and racial/ethnic populations; however, the decrease was smaller among black (1.9%) and Hispanic (3.4%) children than among Asian/Pacific Islander (7.6%) and white (12.5%) children."*[504] However, it is unclear whether the decrease in consumption of SSBs and obesity is directly linked to these media campaigns and whether these changes will continue in the future, particularly, as is virtually impossible to demonstrate a clear link between media campaigns and decreases in either SSB consumption or obesity rates more generally. Overall, some media did seem sympathetic to the goals of the policy and seemed to associate reductions in obesity rates with the effect of the campaign, though others denounced the interference as an unnecessary

[498] Bee Wilson, "This article will make you want to wash your hands," The Guardian, 2016, accessed August 2023, https://www.theguardian.com/society/2016/jul/26/disgust-science-public-health-hygiene
[499] Anna Edwards, "NYC ad campaign to reduce obesity now targets sweetened teas, fruit drinks and energy drinks," *Daily Mail*, 2013, accessed August 2023, https://www.dailymail.co.uk/news/article-2335896/NYC-ad-campaign-reduce-obesity-targets-sweetened-teas-fruit-drinks-energy-drinks.html
[500] Greg Miller, "The global soda tax experiment," Knowable Magazine, 2019, accessed August 2023, https://knowablemagazine.org/article/health-disease/2019/do-soda-taxes-work
[501] Wilson, "This article will make you want to wash your hands."
[502] Garth Johnston, "No Chunk Left Behind: NYC Has Fewer Young Fatties, Brags Bloomberg," *Gothamist*, 2011, accessed August 2023, https://gothamist.com/food/no-chunk-left-behind-nyc-has-fewer-young-fatties-brags-bloomberg
[503] Ibid.
[504] Ibid.

interference with liberty. I explore this latter claim in more detail in the chapter on liberty. However, that despite these decreases in obesity, continued public health policy interventions would be necessary, especially to reduce disparities in obesity among children. *"Yes, MORE public health interventions are on the way, people. Sounds ominous. Better stock up on pot lollipops while you can! First they came for the fat kids..."*[505]

Conclusion

Obesity remains an important policy challenge in the US, including the city of New York. Americans continue to consume important quantities of sugar, including from SSBs, as well as other HFSS foods. As the largest city in the US and facing important obesity-related healthcare costs, NYC has organised a series of campaigns to encourage New Yorkers to decrease their consumption of SSBs, swap their drinks for healthier alternatives, reduce portion sizes and exercise.

The POTP campaign was one of the first mass media SSB-reduction campaign of its kind in the country and paved the way for other cities to introduce similar media campaigns. Evidence in favour of the effectiveness of these campaigns remains unclear. Although a number of papers have pointed towards the decreases in consumption of SSBs in different areas, drops in obesity rates and changes in citizen attitudes/knowledge about sugar following the campaigns, it is difficult to know how much of this is directly due to the campaigns, and whether these changes will be sustained long-term. Yet given some of the evidence of their effectiveness and low-coercive nature, they are still worthwhile for policymakers to consider. However, some have pointed out these campaigns ought to avoid the use of stigmatising language, be careful not to elicit reactance and that governments should pay more attention to the overall food environment rather than simply try to inform citizens about the impacts of SSBs. Perhaps the most interesting aspect of these policies, when compared to the others studied, is that, despite being relatively un-coercive and having a limited impact on agency, these interventions have led to debates about paternalism in politics, nanny-statism and unjustified government interventions. Libertarian groups (and the food industry) portrayed the interventions as an attack on freedom of choice and freedom to consume (along with other health interventions), claiming the interventions treated citizens as not rational enough to make their own decisions and unnecessarily attempted to influence them. The SSB industry also fought the policies, launching formal complaints and counter-campaigns, while emphasising SSBs were merely a small part of the American diet. This highlights the important impact of political ideologies and local culture in the success and failure of health policies.

[505] Ibid.

Whereas in PICs, there was little opposition to the different fiscal policies on sugar, in NYC, portion size restrictions and taxes failed to be implemented. Undeniably, political opinions ought to be studied carefully by governments wishing their policies to be successful. Nevertheless, the interventions did receive some level of support, including in the media, which partly explain why the city continued to rely on such campaigns throughout the years.

Chapter 7 – UK: Restrictions on the Promotion of HFSS Foods by Location

Introduction

As one of the countries with the highest obesity rates in Europe,[506] the UK has been a leader in the introduction and implementation of obesity policies. These have included policies like the introduction of traffic light labelling, the soft drinks industry levy, advertising restrictions, voluntary reformulation, planning restrictions on food outlets and many others.[507] As part of new measures to tackle unhealthy diets and obesity, England introduced new restrictions on the promotion of HFSS foods by location and by volume price. While the restrictions on the promotions of foods by location came into force in October 2022, the restrictions by volume price are set to begin in October 2025 (after having been pushed back from 2023). These new regulations target different methods of food promotion online and in stores and aim to steer customers away from HFSS foods in order to improve diets. Restrictions on HFSS foods advertising on TV have also been pushed back to 2025.[508] The focus of this case study is mainly on the restrictions on the promotion of foods by location, which are a distinctive form of intervention, sometimes referred to as a *nudge*. I mainly focus on these, as they are, so far, the only aspect of these broader regulations to have been implemented and present a unique set of ethical issues.

Nudges constitute small, and often-unnoticeable changes in the environments in which people make choices, to influence their decisions and "correct" impulses or habitual behaviours. According to the Nuffield Council on Bioethics, nudges constitute low-coercive interventions and preserve the freedom of choice of consumers relatively well comparatively to other types of interventions.[509] However, they have also been criticised by many public health professionals, academics and the public. It has been said nudges can be manipulative, exploitative of cognitive biases or faulty decision-making processes, to the benefit of the "nudger" rather than the person

---

[506] World Population Review. "Obesity Rates by Country 2023," *World Population Review,* 2023, accessed August 2023, https://worldpopulationreview.com/country-rankings/obesity-rates-by-country

[507] World Cancer Research Fund International. "Nourishing framework." accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/

[508] Department of Health & Social Care. *Restricting Promotions of Products High in Fat, Sugar or Salt by Location and by Volume Price: Implementation Guidance*. London: Department of Health & Social Care, updated June 2023, accessed August 2023, https://www.gov.uk/government/publications/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price-implementation-guidance

[509] Nuffield Council on Bioethics. "Public health: ethical issues." *Cambridge Publishers Ltd* (2007).

being nudged and assume people to be incapable of making their own decisions.[510,511,512,513,514,515] Looking at nudges in the context of health policymaking is therefore particularly interesting as it raises a number of questions related to perceptions of freedom, autonomy, agency and the role of governments in shaping behaviours. While some like Thaler & Sunstein have argued nudges are compatible with Libertarianism and doctrines of limited government intervention, others refute the claim and call for the rejection of nudges altogether. Nevertheless, these are commonly used as part of the range of tools used by governments. In fact, some have argued the UK government has heavily relied on such low-coercive and high-agency interventions over the years.[516] This case study will therefore examine the use of nudges in the context of the new HFSS food restrictions in England and how these affected individuals. Though the focus is on the restrictions on the promotion of these foods by location, I also discuss the broader scope of the regulations.

The Policy

After having been delayed (a delay heavily criticised by public health advocates),[517,518,519] part of the Food (Promotion and Placement) (England) Regulations[520] came into force on the 1st of October 2022. Despite speculations Truss' government would repeal these measures, along with other food-related health interventions,[521] the restrictions on the promotion of HFSS foods by location did go ahead, though the price-based restrictions were pushed back. These regulations follow from a 2019 government consultation and aim to legislate some of the different methods by which HFSS

---

510 Goodwin, Tom. "Why we should reject 'nudge'." *Politics* 32, no. 2 (2012): 85-92.
511 Grüne-Yanoff, Till. "Old wine in new casks: libertarian paternalism still violates liberal principles." *Social Choice and Welfare* 38 (2012): 635-645.
512 Alemanno, Alberto. "Nudging smokers the behavioural turn of tobacco risk regulation." *European Journal of Risk Regulation* 3, no. 1 (2012): 40.
513 Yeung, Karen. "Nudge as fudge." Mod. L. Rev. 75 (2012): 136.
514 Hausman, Daniel M., and Brynn Welch. "Debate: To nudge or not to nudge." *Journal of Political Philosophy* 18, no. 1 (2010): 130.
515 Schmidt, Andreas T. "Withdrawing versus withholding freedoms: nudging and the case of tobacco control." *The American Journal of Bioethics* 16, no. 7 (2016): 10.
516 Theis, Dolly RZ, and Martin White. "Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992–2020." *The Milbank Quarterly* 99, no. 1 (2021): 126-170.
517 Moore, Sally, and Tom Butler. "UK government delays restriction of promotions on less-healthy foods: Serious implications for tackling obesity." *Obesity* 30, no. 9 (2022): 1722-1723.
518 Muir, Sarah, Preeti Dhuria, and Christina Vogel. "Government must proceed with landmark anti-obesity regulations in England." *bmj* 378 (2022).
519 Summers, Jen. "Policy spotlight." *Faculty Dental Journal* 13, no. 3 (2022): 96.
520 The Department of Health and Social Care. *The Food (Promotion and Placement) (England) Regulations 2021.* SI 2021/1368. London: 2021.
521 Katy Askew, "Is Truss planning to scrap HFSS restrictions? UK accused of 'huge setback' in obesity strategy," Food Navigator, 2022, accessed August 2023, https://www.foodnavigator.com/Article/2022/09/14/Is-Truss-planning-to-scrap-HFSS-restrictions-UK-accused-of-huge-setback-in-obesity-strategy

foods (defined by the 2011 *nutrient profiling technical guidance*)[522] are promoted by volume price (e.g., "buy one, get one free") as well as by location, both online and in stores in England.[523] I now focus on the latter intervention.

These restrictions apply to medium and large businesses (with 50 employees or more) and stores over 185.8 m^2.[524] A number of organisations and businesses are exempt from these regulations including small businesses (fewer than 50 employees), schools, care homes, military establishments and others.[525] Manufacturers are also not considered businesses unless they directly sell to consumers.[526] The types of businesses targeted are therefore supermarkets, online food retailers, convenience stores, department stores, pharmacies, retailers in transport hubs (airports, train stations or ferry ports), service stations and a number of others, but not restaurants or businesses *"whose premises are used mainly for the preparation or sale of food intended for immediate consumption"*.[527] Food items in scope of the regulations include items like SSBs, crisps, chocolate, chewing gum, ice cream, biscuits etc.[528]

These regulations prevent businesses from placing HFSS foods in: any area within 2 meters of the checkout facility; any area within 2 meters of a designated queuing area or a queue management system; the ends of aisles; store entrances or a covered external area.[529] However, the distances at which HFSS foods need to be placed depend on the overall size of the store. The larger the store, the further away these need to be located.[530] These restrictions also apply to online stores (including in apps), in equivalent locations. This includes (although is not limited to): the homepage of a website; pages not opened intentionally by the customer and on "favourite products"/"recommended for you" pages.[531] These locations tend to be strategic locations, which get more attention from customers, thus increasing purchases, including impulse buys. As noted by the Government:

"The shopping environment plays an important part in the way products are marketed to us, with simple factors such as the location of products within stores significantly affecting what we buy. The current retail promotional

[522] Department of Health. *Nutrient profiling technical guidance,* 2011.
[523] Department of Health & Social Care, *Restricting Promotions of Products High in Fat, Sugar or Salt*.
[524] Ibid
[525] Ibid.
[526] Ibid.
[527] Ibid.
[528] Ibid.
[529] Ibid.
[530] Ibid.
[531] Ibid.

environment does not always align with government healthy eating guidelines [and] makes it harder for families to make healthier choices when shopping."[532]

These restrictions therefore aim to reduce the purchases of HFSS foods and incentivise shoppers to buy healthier alternatives, in order to improve individual diets. The Government has announced it would enforce penalties or criminal proceedings for businesses who do not comply.[533]

Libertarian Paternalism & Nudges

This intervention can be referred to as a nudge. Nudges are interventions, which aim to shape the environments in which people make decisions, in order to influence choices. Though this type of influence is not new, the concepts of "nudge" and the broader theory of Libertarian paternalism have gained popularity in literature and policymaking. For instance, nudges were heavily used under David Cameron, who oversaw the creation of the "Nudge Unit" (now Behavioural Insights Team) and whose public health strategy relied on them, notably with the Public Health Commission and Responsibility Deals.[534] In the case of the HFSS foods regulations, the BIT supported the introduction of the policies. They conducted a study on different health interventions, including the volume price promotion, TV watershed and location restrictions and concluded these were *"of substantial benefit to the UK, both from a health and economic perspective."*[535]

Thaler and Sunstein define a nudge "*any aspect of the choice architecture that alters people's behaviour in a predictable way without forbidding any options or significantly changing their economic incentives. To count as a mere nudge, the intervention must be easy and cheap to avoid. Nudges are not mandates. Putting the fruit at eye level counts as a nudge. Banning junk food does not."*[536] Nudges, like the intervention discussed in this case study, constitute simple and often unnoticeable changes in environments. These can steer people towards certain behaviours and "correct" certain impulse habits. However, *"to qualify as a nudge, an initiative must not impose significant material incentives (including disincentives)."* [537]

---

[532] Ibid.
[533] Ibid.
[534] Moodie, Rob, David Stuckler, Carlos Monteiro, Nick Sheron, Bruce Neal, Thaksaphon Thamarangsi, Paul Lincoln, and Sally Casswell. "Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries." *The lancet* 381, no. 9867 (2013): 675.
[535] Niall Daly, Sarah Merriam, Hugo Harper, Filippo Bianchi, and Helen Brown "Quantifying the impact of obesity prevention policies in the UK," *The Behavioural Insights Team*, 2022, accessed August 2023, https://www.bi.team/blogs/quantifying-the-impact-of-obesity-prevention-policies-in-the-uk/
[536] Thaler, Richard H., and Cass R. Sunstein. *Nudge: improving decisions about Health, Wealth, and Happiness*. 6, 2008, 6.
[537] Sunstein, Cass R. "Misconceptions about nudges." *SSRN 3033101* (2017): 61.

Therefore interventions like subsidies, taxes or fines cannot be considered nudges since these affect financial material incentives.[538]

Nudges are interesting from an ethical perspective as they raise questions about the morality of unnoticeable governmental influence and whether such low-coercive interventions constitute unjust interference with individual liberty and autonomy. They also raise questions about whether governments should have the same ability to influence citizens as industries. Nudges have long been used by businesses to influence consumption patterns.[539,540] Thaler and Sunstein thus argue that, as the design of choice architectures is inevitable, there is an argument for designing them in ways which benefit people, rather than to the detriment of their health or finances. In fact, Sunstein argues we "*should recognize that various forms of paternalism are all around* [...]*, and at least some of them aren't so bad.*"[541] These ideas certainly apply to supermarkets and other retail environments. These environments are not neutral and must be designed in some way, and for some purpose. Therefore, where governments wish to focus on low-coercive, high-agency and less "interventionist" approaches, there is a case for using such types of interventions.

Obesity & the Food Environment in the UK

The UK and England suffer from high obesity rates. A 2019 survey found 28% of adults in England were obese and a further 36.2% were overweight. This means 64.2% adults are either overweight or obese, with 3.3% of them being morbidly obese.[542] In addition, there has been an increase in the proportion of overweight adults since the 1990s, although it has stabilised in the last decade.[543] In England, since 1993, the proportion of adults who are overweight or obese has risen from 52.9% to 64.3%, and the proportion of those who are obese has risen from 14.9% to 28.0%.[544] However, obesity disproportionately affects different categories of the population. For almost all age groups, men are more likely to be obese than women.[545] Furthermore, obesity rates also vary according to deprivation, disability, ethnicity and education.[546] As for children, data for the same year suggests 14.4% of children in England aged 4-5 were obese with another 13.3%

[538] Ibid.
[539] Leonard, Thomas C. "Richard H. Thaler, Cass R. Sunstein, Nudge: Improving decisions about health, wealth, and happiness: Yale University Press, New Haven, CT, 2008." (2008): 357.
[540] Saghai, Yashar. "Salvaging the concept of nudge." *Journal of medical ethics* 39, no. 8 (2013): 489.
[541] Sunstein, Cass R. "Why Paternalism Is Your Friend." *The New Republic* (2013).
[542] Chris Baker, *Obesity Statistics*. Research Briefing, London: House of Commons Library, 2022, 5.
[543] Ibid.
[544] Ibid.
[545] Ibid., 7.
[546] Ibid., 8.

being overweight. These numbers are even higher amongst 10-11 year olds with 25.5% being obese and another 15.4% overweight.[547]

These high obesity rates and poor diets contribute to high healthcare costs for the NHS. In fact, it has been noted poor diets have the highest impact on the NHS's budget.[548] This high cost of obesity has been consistently observed across studies and has increased over time. *"In 2006–07, poor diet-related ill health cost the NHS in the UK £5.8 billion. The cost of physical inactivity was £0.9 billion. Smoking cost was £3.3 billion, alcohol cost £3.3 billion, overweight and obesity cost £5.1 billion."*[549] Less than ten years later in 2014-2015, these costs were estimated at £6.1 billion for the costs of treating obesity-related illnesses while the wider society costs were estimated at £27 billion.[550] These are predicted to increase to £9.7 billion by 2050 and £49.9 billion for the wider society costs.[551] Of course, there is also a high human cost to obesity in the country as it contributes to major chronic diseases like diabetes, CVD and reinforces socioeconomic inequalities.

The UK government has therefore been a leader in the implementation of interventions to alter the obesogenic environment (though in many cases, focusing on high-agency and less interventionist policy approaches),[552] which includes the prevalence of marketing and promotion for HFSS foods. In addition, as supermarkets are the location of about 70% of food spending in the UK,[553] the Government has looked towards choice architecture interventions to reshape them and address the commercial determinants of health. Many have supported this effort, and called for more comprehensive policies to balance out the effects of advertising and marketing on individual health.

Evidence & Effectiveness of Product Placement Changes

There is a limited number of studies on the effectiveness of product location restrictions such as this one, as these have yet to be widely adopted. In addition, as the intervention only came into force in late 2022, few post-implementation studies exist. However, a number of studies have showed promising results regarding the use of these interventions, overall suggesting increasing

---

547 Ibid., 11.
548 Scarborough, Peter, Prachi Bhatnagar, Kremlin K. Wickramasinghe, Steve Allender, Charlie Foster, and Mike Rayner. "The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs." *Journal of public health* 33, no. 4 (2011): 527-535.
549 Ibid., 527.
550 Public Health England. "Health matters: obesity and the food environment." (2017), accessed August 2023, https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2
551 Ibid.
552 Theis and White, "Is Obesity Policy in England Fit for Purpose?," 126-170.
553 Department for Environment Food & Rural Affairs, *Family Food 2018/19*, London: National Statistics, 2020.

the relative availability of healthier products and removing less healthy products from strategic locations can lead to changes in unit sales for both of these categories.[554]

Vogel et al., conducted a study to assess whether creating healthier layouts in discount supermarkets in England improved the healthiness of foods bought by customers, as well as those bought and consumed by women between 18 and 45 years old.[555] Their study found that in the tested supermarkets, *"storewide confectionery sales declined, and fruit and vegetable sales increased, when nonfood items and water were placed at checkouts and aisle ends opposite, and an expanded fruit and vegetable section was repositioned near the store entrance; women's fruit and vegetable purchasing and dietary quality improved, but their confectionery purchasing did not."*[556] They also suggest fruits and vegetables ought to be placed in prominent locations to limit the placement of unhealthy foods. Previous studies also found that doing so increased the sale of fruits and vegetables.[557,558]

Furthermore, Piernas et al., who conducted a study on the impacts of the availability, positioning, promotions, and signage of healthier food options on purchasing behaviour within major UK supermarkets, found similar encouraging results.[559] They note: *"increasing the availability of healthier options within a category (e.g., lower fat frozen chips or lower energy biscuit packs) was associated with significant increases in purchases of the healthier items"*,[560] although these changes declined over time. They found no evidence of variation of these results according to deprivation.[561] They also found that lower prices and promotions on healthier products were associated with increases in their sales.[562]

---

554 Adams, Jean. "Rebalancing the marketing of healthier versus less healthy food products." *PLoS Medicine* 19, no. 3 (2022).
555 Vogel, Christina, Sarah Crozier, Daniel Penn-Newman, Kylie Ball, Graham Moon, Joanne Lord, Cyrus Cooper, and Janis Baird. "Altering product placement to create a healthier layout in supermarkets: Outcomes on store sales, customer purchasing, and diet in a prospective matched controlled cluster study." *PLoS Medicine* 18, no. 9 (2021): 2.
556 Ibid.
557 Albert, Stephanie L., Brent A. Langellier, Mienah Z. Sharif, Alec M. Chan-Golston, Michael L. Prelip, Rosa Elena Garcia, Deborah C. Glik, Thomas R. Belin, Ron Brookmeyer, and Alexander N. Ortega. "A corner store intervention to improve access to fruits and vegetables in two Latino communities." *Public health nutrition* 20, no. 12 (2017): 2249-2259.
558 Thorndike, Anne N., Oliver-John M. Bright, Melissa A. Dimond, Ronald Fishman, and Douglas E. Levy. "Choice architecture to promote fruit and vegetable purchases by families participating in the Special Supplemental Program for Women, Infants, and Children (WIC): randomized corner store pilot study." *Public health nutrition* 20, no. 7 (2017): 1297-1305.
559 Piernas, Carmen, Georgina Harmer, and Susan A. Jebb. "Testing availability, positioning, promotions, and signage of healthier food options and purchasing behaviour within major UK supermarkets: Evaluation of 6 nonrandomised controlled intervention studies." *PLoS Medicine* 19, no. 3 (2022).
560 Ibid., 2.
561 Ibid., 3.
562 Ibid., 11.

A second study by Piernas et al., evaluated the removal of confectionery items from prominent locations in a major UK supermarket.[563] They found the removal of chocolate confectionery from these locations was associated with reduced purchases of these products.[564] Not only that, but the decreases were significant enough to observe an overall decrease in the total energy content of food purchases.[565] Moreover, this intervention reduced the purchases of seasonal-related confectionery in the stores compared to the control stores.[566] They write that the interventions led to significant decreases in the total energy from fat and all food related purchases, though no significant changes could be observed for sugar.[567] Overall, these studies contribute to evidence choice architecture changes can increase the purchase of healthier items, decrease the purchases of HFSS foods, leading to fewer overall calories purchased, though more research is needed on this topic. Moreover, another study observed strategic positioning in shops had positive impacts on the sale of certain products.[568,569] Evidence from eye-tracking data, shows this increase in sales in locations such as end-of-aisle displays, point of sale, island bin displays, store entrances and middle of shelf displays, may be due to increased visibility.[570] Martin et al., suggest such locations increase the amount of attention paid to products. Therefore, less healthy foods should be moved away from these positions in favour of healthier options.[571] Ultimately, however, the effectiveness and public approval for such types of interventions will vary between countries and cultures.[572]

One potential issue noted in the literature is the "squeezed balloon effect", where restrictions on specific aspects of marketing can lead to compensatory increases in others. *'For example, restricting television advertising of less healthy foods during and around children's programmes in the UK was associated with increased exposure of adults to these adverts.'*[573] Another issue which has been noted is that, businesses

563 Piernas, Carmen, Georgina Harmer, and Susan A. Jebb. "Removing seasonal confectionery from prominent store locations and purchasing behaviour within a major UK supermarket: Evaluation of a nonrandomised controlled intervention study." *PLoS Medicine* 19, no. 3 (2022).
564 Ibid., 2.
565 Ibid.
566 Ibid., 3.
567 Ibid.
568 Chandon, Pierre, J. Wesley Hutchinson, Eric T. Bradlow, and Scott H. Young. "Does in-store marketing work? Effects of the number and position of shelf facings on brand attention and evaluation at the point of purchase." *Journal of marketing* 73, no. 6 (2009): 1-17.
569 Martin, Laura, Linda Bauld, and Kathryn Angus. "Rapid evidence review: the impact of promotions on high fat, sugar and salt (HFSS) food and drink on consumer purchasing and consumption behaviour and the effectiveness of retail environment interventions." (2017).
570 Chandon et al., "Does in-store marketing work?."
571 Martin et al., "Rapid evidence review."
572 Harris, Jennifer L., Jennifer L. Pomeranz, Tim Lobstein, and Kelly D. Brownell. "A crisis in the marketplace: how food marketing contributes to childhood obesity and what can be done." *Annual review of public health* 30 (2009): 211-225.
573 Adams, "Rebalancing the marketing", 2.

had (and will) have to spend time and money to modify their products, stores and websites to avoid penalties.

"The new rules will come as a particularly unwelcome blow to the soft drinks industry who have already made huge efforts to reformulate products and reduce sugar levels following the introduction of the UK Soft Drinks Industry Levy (SDIL) in 2018. The rules also mean that many products that have under gone expensive and time-consuming reformulation and modifications to reduce portion sizes, as part of the now-defunct Public Health Responsibility Deal pledges and other Government policies to reduce calories, sugar and fat, will be subject to restrictions."[574]

However, it must be noted many previously reformulated SSBs were not subject to the new rules, if they fell below the nutrient threshold to be considered HFSS foods. Yet, some were still in scope if they were below the threshold to be subject to the SDIL (or did not meet the criteria to be taxed) but still score highly on the nutrient profiling model this regulation is based on. For instance, milk-based drinks with added sugars, which were not subject to the SDIL are still subject to these regulations if they are high in energy.[575] This has led to some backlash from the food industry, as the next section will discuss.

Finally, Muir at al., who conducted a qualitative analysis of stakeholder (including consumers and businesses) perspectives on the new legislation on food promotion by location, report that stakeholders welcomed the law and perceived it as a "good first step". However, that more work was still needed to support businesses and local governments. In particular, efforts needed to be made to: make a *"central HFSS calculator freely available to all"*,[576] support smaller businesses (e.g., by *"providing incentives for small retailers and their suppliers to improve the healthfulness of the foods they offer"*)[577] and provide additional resources to local authorities to ensure implementation and enforcement.[578]

News and Media Responses

These new restrictions have been heavily debated in British media. Many news sources reported what the new regulations were and commented on their potential impacts. A number of these sources commented on the delays with the new policy and questioned whether it would eventually be cancelled by Truss' government.[579] Some news sources reported that food and beverages were

[574] Ross, Hilary. "New HFSS Regulation in England: Promotions, Placement, Pre-Paid Advertising Online and a 9pm Watershed." *Eur. Food & Feed L. Rev.* 16 (2021): 332.
[575] Department of Health & Social Care, *Restricting Promotions of Products High in Fat, Sugar or Salt*.
[576] Muir, Sarah, Preeti Dhuria, Emma Roe, Wendy Lawrence, Janis Baird, and Christina Vogel. "UK government's new placement legislation is a 'good first step': a rapid qualitative analysis of consumer, business, enforcement and health stakeholder perspectives." *BMC medicine* 21, no. 1 (2023): 1.
[577] Ibid., 11.
[578] Ibid., 1-14.
[579] Askew, "Is Truss planning to scrap HFSS restrictions?."

contributing to social harms and that, over the past few years, many countries had introduced policies to shape the consumption of HFSS foods, like Mexico, South Africa or the US.[580] Food Navigator wrote that the UK had the third highest adult obesity rate of the 53 countries part of the WHO European Region and that the retail environment has a significant impact on the health of citizens.[581] Lily Roberts, Senior Campaigns and Research Officer at ShareAction stated: *"with two in every three pounds spent on good going to supermarkets, these companies have a major influence on the nation's health"*.[582] The regulations were often presented as significant and hugely impactful for the country. New Food Magazine reports Professor Tim Lang as saying: *"this legislation represents one of the most significant challenges the retail industry has ever faced"*.[583] The Financial Times described the policy as the *"biggest change to supermarket retailing since supermarkets were invented"*[584], while Barclays Analyst James Anstead said these *"could lead to the most significant in-store changes in decades."*[585]

Some of the news sources examined were sympathetic to the policy, suggesting it could help decrease childhood obesity[586] and a number of others showed the opinions of public health advocates who were in favour of the regulations. The Guardian, for instance, quoted Lord Bethell when saying:

"More people are getting cancer due to obesity-related effects. So the cancer 10-year plan, the extra five years of longevity and many more of our health targets are damaged by this. […] All of this illness that is caused by [being] overweight from junk food is being carried by the NHS and by the taxpayer. […] We do need to account for all of

---

580 Judith Evans and Harriet Agnew, "Big food's unhealthy products leave bitter taste for ESG investors," Financial Times, 2022, accessed August 2023, https://www.ft.com/content/d04c3967-d0c8-4745-af17-62a1adc5a376

581 Katy Askew, "Tesco named UK's 'healthiest' supermarket… but 'performance across the board is poor'," Food Navigator, 2022, accessed August 2023, https://www.foodnavigator.com/Article/2022/05/13/tesco-named-uk-s-healthiest-supermarket-but-performance-across-the-board-is-poor

582 Ibid.

583 Abi Sritharan, "Many businesses unprepared for HFSS legislation, states new study," New Food Magazine, 2022, accessed August 2023, https://www.newfoodmagazine.com/news/162774/many-businesses-unprepared-for-hfss-legislation-states-new-study/

584 Jonathan Eley, "UK supermarkets prepare to move unhealthy foods out of temptation's way," Financial Times, 2022, accessed August 2023, https://www.ft.com/content/f771dec3-c668-4eff-8d78-3cc5ea0aa56c

585 Michelle Whelan, "What brands should be doing now to offset impending HFSS regulations," *Modern Retail*, 2022, accessed August 2023, https://modernretail.co.uk/what-brands-should-be-doing-now-to-offset-impending-hfss-regulations/

586 Mary O'Connor, "Junk food: Ministers to delay ban on multi-buy deals," *BBC News*, 2022, accessed August 2023, https://www.bbc.com/news/uk-61443047

the costs of the obesity crisis in this country, and it [the policy] is one way of mitigating those costs without actually banning things or taking more extreme measures."[587]

News sources also reported on academics who were in favour of the implementation of the policies and of addressing the obesogenic food environment in the UK. Dr Travis Masterson from the Pennsylvania State University stated the adoption of such a policy would not only be in line with the current scientific understanding but that there is also significant public support for them in the UK.[588] New Food Magazine reported that, according to GS1's UK consumer research: *"68 percent of shoppers surveyed agree with the new legislation and nearly half say it will help them think more about which products they buy"* and that 66% of businesses also agreed with the new regulations.[589] The delays in the implementations of the policy have also been criticised. Rebecca Sunter, programme director of the Childhood Obesity programme at Impact on Urban Health stated: *"this is devastating news and a real step back for children's health, in a context where families face a tidal wave of junk food promotions every day"*.[590] Finally, reports of business owners supporting the regulations were also put forward. For instance, Dezi Dalton, owner of Rye Deli, stated *"As artisan retailers, we have always regarded the provenance of our produce. We put a value on quality and are passionate about having ethically sourced responsibly-made goods. […] The HFSS legislation is long overdue for the supermarkets to pay attention to good, healthy eating."*[591]

However, many of the sources also highlighted opinions opposed to the regulations, on a number of grounds, including that they would not be effective or that they did not garner enough public support. For instance, it was reported Truss had stated citizens wanted the Government to address issues like transport or the NHS rather than "*telling them what to eat*".[592] Another study found that many Brits, in fact, did not support the HFSS restrictions:

"The majority of British adults do not support "tobacco-style" restrictions on products that are high in fat, sugar and salt (HFSS) as a means of fighting obesity, a new report […] has revealed. […] We risk going backwards if the government continues down this path,' said Michael Coppen-Gardner, Managing Director of SPQR

---

[587] Harry Taylor, "Delay to junk food ads ban could 'blow a hole' in UK obesity strategy," The Guardian, 2022, accessed August 2023, https://www.theguardian.com/society/2022/may/14/delay-to-junk-food-ads-ban-could-blow-a-hole-in-uk-obesity-strategy
[588] Askew, "Is Truss planning to scrap HFSS restrictions?."
[589] Sritharan, "Many businesses unprepared."
[590] Specialty Food Magazine, "UK government makes U-turn on HFSS, delaying restrictions on promotions," 2022, accessed August 2023, https://www.specialityfoodmagazine.com/news/uk-government-makes-u-turn-on-hfss-delaying-restrictions-on-promotions
[591] Specialty Food Magazine, "Almost half of UK retailers aren't prepared for HFSS legislation," January 10, 2022, accessed August 2023, https://www.specialityfoodmagazine.com/news/almost-half-of-uk-retailers-arent-prepared-for-hfss-legislation
[592] Askew, "Is Truss planning to scrap HFSS restrictions?."

Communications. 'The public aren't on board with these measures – in fact, our YouGov survey suggests we've already reached the boundary of public tolerance with the proposed advertising and promotion restrictions. Instead, we need new ideas that align public health objectives with public opinion. On few topics is that more important than when it comes to the food we eat."[593]

Other sources also mentioned this YouGov poll to show the regulations as illegitimate, including industry related media sources. For instance, *Bakeryandsnack.com* emphasised that according to the poll, only 18% of Brits supported the interventions.[594]

Others also pointed to some potential negative consequences that could follow from the restrictions. The Financial Times for instance, notes it would be more difficult for smaller shops to adapt to the regulations and placing the restricted items may be challenging. *"For big stores, this might be a back wall or a standard middle aisle, but for smaller ones the challenges are more acute. 'It is harder for us to move stuff around', said Richard Walker, managing director of Iceland Foods. 'We have a lot less flexibility than a 60,000 sq ft Tesco'".*[595] In addition, it was noted the alcohol industry could benefit from this legislation: *"'The big winner in all of this will be alcohol. […] The big drinks firms have the will and the financial firepower [to do more promotions] and they are fans of shopper marketing.'"*[596] Moreover, that these restrictions may not be effective at reducing the consumption of SSBs, as many are already compliant with the new regulations due to the 2018 SDIL. Soft drinks manufacturer Britvic stated these regulations would be an opportunity for *"no and low sugar brands to shine".*[597] As a result of the SDIL and subsequent reformulation, 78.8% of soft drinks being bought are already HFSS compliant, far more than confectionery for instance, which is only 2.7% compliant.[598] There might therefore be more promotions of such low-sugar soft drinks with the new policy.

The economic costs of these interventions were also brought up several times. Particularly in the context of rising costs of living and increased food prices. *"The government's own impact assessment estimates the long-term cost to retailers at more than £1bn and […] the legislation directly affects about £17.5bn*

[593] Abi Sritharan, "Not everyone's a fan of the HFSS ban," New Food Magazine, 2022, accessed August 2023, https://www.newfoodmagazine.com/news/163803/not-everyones-a-fan-of-the-hfss-ban-according-to-survey/
[594] Gill Hyslop, "Majority of Brits believe HFSS restrictions will be ineffective in fighting obesity," Bakery and Snacks, 2022, accessed August 2023, https://www.bakeryandsnacks.com/Article/2022/04/19/majority-of-brits-believe-hfss-restrictions-will-be-ineffective-in-fighting-obesity
[595] Eley, "UK supermarkets prepare to move unhealthy foods."
[596] Ibid.
[597] Rachel Arthur, "'Soft drinks are well placed to confront the HFSS opportunity', says Britvic," *Beverage Daily*, 2022, accessed August 2023, https://www.beveragedaily.com/Article/2022/05/04/soft-drinks-are-well-placed-to-confront-the-hfss-opportunity-says-britvic
[598] Ibid.

of annual sales of products including ready meals, pizzas, ice cream, milkshakes, bakery items and confectionery."[599] Many newspapers brought up the impact these restrictions could have on consumers who are already struggling to pay for food. Notably, Big Issue heavily criticised the policies for increasing inequalities in food access. *"In the face of the cost-of-living crisis and rising food prices, there is a strong food poverty argument that the ongoing obesity epidemic should come second when many are skipping meals and cannot afford to eat. And will these measures even stop consumers from finding and buying their favourite treats?"*[600] They write that, overall, the costs of foods like vegetables, milk, cheese, eggs and meat have risen in the last few months, and while manufacturers reformulate their products to be healthier, they are also becoming more expensive. Ultimately, *"supermarkets will become less accessible and affordable for those living in food poverty."*[601] Another interesting point noted in the media sources is how underprepared retailers were to these new regulations. One article reported almost half of UK businesses felt unprepared for the implementation of the interventions.

"GS1 UK has found that almost half of businesses are not prepared for the introduction of HFSS legislation, with 70 percent unaware that volume promotions will be banned, whilst 20 percent of businesses are unaware of the new legislation altogether."[602] Major UK retailers also expressed concerns they did not have enough time to make the changes due to the tight timeframe.[603] To date, there is still little data on compliance with those rules,[604] and breaches of the regulations have been observed.[605] The Chartered Trading Standards Institute also noted that, for a period, *"HFSS regulations were 'unlikely to be regarded as a priority' for officers due to the complicated rules and limited budget."*[606] Yet, monitoring compliance is crucial as it is central to meeting the health goals of the policy.

Finally, the regulations have led to some controversy and pushback from the industry. For instance, 800 food and drink manufacturers and 3,000 brands have attacked the regulations, writing a letter to the PM, stating they objected to the legislation and had not been given enough time to

---

599 Eley, "UK supermarkets prepare to move unhealthy foods."
600 Big Issue, "Obesity, food poverty and the big changes coming to supermarkets," 2022, accessed August 2023, https://www.bigissue.com/life/food/obesity-food-poverty-and-the-big-changes-coming-to-supermarkets/
601 Ibid.
602 Sritharan, "Many businesses unprepared."
603 Flora Southey, "Supermarkets call for extension on new HFSS laws: 'This tight timeframe will add considerable cost and burden'," Food Navigator, 2021, accessed August 2023, https://www.foodnavigator.com/Article/2021/11/23/Supermarkets-call-for-extension-on-new-HFSS-laws-This-tight-timeframe-will-add-considerable-cost-and-burden
604 Sally Ball, "Treading lightly on HFSS trading compliance," *Kantar*, 2022, accessed August 2023, https://www.kantar.com/uki/inspiration/health/2023-wp-treading-lightly-on-hfss-trading-compliance
605 Erin Bradley, "UK HFSS Regulations: Are they working and what does this mean for NPD?," Foods Connected, 2022, accessed August 2023, https://blog.foodsconnected.com/uk-hfss-regulations
606 Cara Houlton, "Have HFSS restrictions made any difference?," Grocery Gazette, 2023, accessed August 2023, https://www.grocerygazette.co.uk/2023/06/06/hfss-restrictions/

implement changes.[607] The letter reads: *"The UK government is quite correctly committed to evidence-based policy making. However, the evidence base underpinning these proposals is lacking in both detail and efficacy"*.[608] They also expressed concerns about the impacts these measures would have on smaller businesses. In particular, the advertising restrictions as part of the broader HFSS restrictions were heavily denounced. Sue Eustace, the director of the Advertising Association stated *"we know from the evidence that an HFSS ad ban will not be the most effective route, and we welcome the opportunity to look again at this legislation and find the best way to a solution."*[609] In fact, the industry has claimed on numerous occasions the regulations would do nothing to help with the issue of obesity. The Institute of Practitioners in Advertising said the policy would have no effect on childhood obesity, while the Internet Advertising Bureau said this was a *"blunt and ill-informed policy"*.[610] However, these claims from food manufacturers and advertising organisations, some retailers have sought to adapt and committed to providing a healthier food environment for customers. Sainsbury's and Tesco removed their BOGOF deals,[611] even despite the delay in the implementation of the regulations and manufacturers like Mars started reformulating some of their products.[612] Tesco had also planned to open its first store with only healthy products available.[613] Other commitments include targets to increase the sale of healthy foods, set by supermarkets like Aldi, Lidl, M&A, Tesco and Sainsbury's or efforts to restrict the use of child-oriented characters on store brand products by Tesco and Iceland.[614] Tesco's CEO Ken Murphy stated Tesco was *"working with suppliers to reformulate products to make them healthier and HFSS compliant, and we're working on all the alternatives we can provide to HFSS products*",[615] while Sainsbury's CEO Simon Roberts said the company was *"absolutely focused on healthier […], more sustainable choices"*.[616] Overall, the regulations may contribute to changing the food environment in other ways than it directly intended, by contributing to retail-industry commitments to providing healthier foods.

---

[607] BBC News, "Kellogg's and Britvic attack plan to ban junk food ads online," *BBC News*, 2020, accessed August 2023, https://www.bbc.com/news/business-55035375
[608] Ibid.
[609] Specialty Food Magazine, "UK government makes U-turn on HFSS," 2022.
[610] Mark Duell, Connor Boyd, and Katie Feehan, "'Dismayed' advertising and food groups hit back at 'nanny state' rules banning TV junk food ads before 9pm and scrapping online promotions from 2023," *Daily Mail*, 2021, accessed August 2023, https://www.dailymail.co.uk/news/article-9720971/Dismayed-advertising-food-groups-blast-new-rules-junk-food-ads.html
[611] Evans and Agnew, "Big food's unhealthy products."
[612] Ibid.
[613] Henry Bodkin, "Tesco to open first healthy food-only store as junk food advertising ban looms," The Telegraph, 2022, accessed August 2023, https://www.telegraph.co.uk/news/2022/02/05/tesco-open-first-healthy-food-only-store-junk-food-advertising/
[614] Askew, "Tesco named UK's 'healthiest' supermarket."
[615] Eley, "UK supermarkets prepare to move unhealthy foods."
[616] Ibid.

Conclusion

The UK suffers from one of the highest obesity rates in Europe and of developed nations. Over the years, the country has introduced many policies to curb these rates, including taxes, reformulation, education, planning restrictions and as of October 2022, new restrictions on the promotion of HFSS foods, including nudges that aim to reshape the architecture of the food retail environment. Such nudges have been common in UK health policymaking and while some have defended them as cost-effective interventions that preserve autonomy relatively well, others have denounced them as a covert form of paternalism and subtle forms of manipulation. Nudges, like the ban of HFSS foods in strategic location in shops and online, therefore bring with them their own ethical dilemmas. According to their advocates, these should be considered freedom-of-choice preserving interventions, which pose few restrictions on individuals. Yet they lead us to question whether this constitutes necessary intervention from governments and whether the public health context justifies their use. They also raise questions about what it means to be autonomous and whether influencing the environment of choice of individuals without them realising, affects their autonomy.

These interventions are therefore not without controversy. However, in the context of the HFSS location restrictions, a number of public health experts have defended their use, with claims they would most likely be effective in reducing the purchases of unhealthy products and some media sources have been sympathetic to their implementation. However, many others have also shown concerns about them, including their national economic cost, their cost for households, contribution to inequality and other potential negative consequences. Overall, however, although these were delayed, they have now led to some changes as retailers have altered their layouts, increased their commitments to providing healthy foods and manufacturers have begun reformulating products. Similar to the SDIL, such policies show such interventions can have effects, which reach beyond just influencing consumption, and can contribute to creating a healthier food environment.

Ethical Dimensions of the Case Studies

Having now seen the five case studies of different food interventions, the following chapters explore four key ethical concepts: culture, equity, liberty and paternalism in the context of these policies. When it comes to the study of the justifiability of health policies, there are many ethical factors worth considering, including some not addressed in the following discussions, e.g., the transparency of political processes. The following are therefore not an exhaustive list of the ethical factors that matter to policy legitimacy. However, these were selected as they are, important in general political-ethical discussions of policy, and more importantly, stood out as the most relevant ethical dimensions of these particular case studies. Their choice illustrates the goal of the method of this thesis: to ground ethical analysis in real-world policy practice. Thus, these chapters address these ethical concerns in order to improve our understanding of the justifications, both, in favour and against such policies, relying on specific practical examples. Finally, Chapter 12 applies the ideas emerging from these analyses to hypothetical examples of interventions, to demonstrate their usefulness in evaluating future, rather than merely existing, policies.

Chapter 8 – Culture and Health

Introduction

Culture and traditions play a distinctive role in shaping and justifying public health policies. This chapter seeks to explore this relationship. I refer to this role of cultural norms, values and traditions in justifying policies (whether explicit or implicit in political narratives) as *cultural arguments*. Although a *cultural argument* is used to justify the implementation of a policy by reference to culture, it also, at the same time, aims to promote and defend the culture which justifies the intervention. For instance, while *cultural arguments* have been relied upon to justify the school VM ban in France, in doing so, they equally sought to promote a specific understanding of culture. The case studies and discussions of the sugar reduction policies in this thesis revealed that the debates and narratives around their implementation were significantly different in countries like France or PICs to more libertarian countries like the US. In part, because what may be right for the American might not be so for the Frenchman or the Pacific Islander. For instance, many French people place a high value on their food culture, which in many ways remains entrenched in national customs: through key dishes or adherence to rituals (e.g., spending the most time of any country eating together).[617] Like other Mediterranean countries, the rejection of the Americanisation of diets and fast food culture has been important in political discourse over the past decades, reflecting a strong association between American food culture and obesity.[618,619]

At the same time, French food culture is also constantly evolving and has been influenced by many dishes and cuisines from other nations. The influence of fast foods and "junk food" has also become more obvious, something which many critics have deplored over the years and which some have gone so far as to describe as a *"debasement of our food traditions"*[620] or a *"cultural genocide"*.[621] Despite this, French food culture has remained stable with a number of dishes, practices, and

[617] OECD. "Balancing paid work, unpaid work and leisure." *OECD* (2018).
[618] Sandrine Blanchard. "Obésité : la France sur la voie des Etats-Unis." *Le Monde*, 2006, accessed September 2023, https://www.lemonde.fr/societe/article/2006/01/19/obesite-la-france-sur-la-voie-des-etats-unis_732436_3224.html
[619] Roux, Laura Knowlton–Le. "Reading American fat in France: Obesity and food culture." *European journal of American studies* 2, no. 2-2 (2007).
[620] Chauvineau, Thomas. "Punchline de Périco Légasse contre le burger: « Ça me fait mal culturellement que l'on s'aligne sure cette Américanisation, ce que j'appelle moi la mcdonalisation de la société Française »." *Foode&Sens*, 2016, accessed September 2023, http://foodandsens.com/non-classe/burger-definitivement-entre-patrimoine-culinaire-francais/
[621] Mihaely, Gil. "Un bon repas peut parfois remplacer un cinéma." *Causeur*, 2012, accessed September 2023, https://www.causeur.fr/un-bon-repas-peut-parfois-remplacer-un-cinema-18782

regional characteristics (e.g., *terroir*) enshrined into national consciousness (in part due to government efforts to sustain it).

Although, obesity, related illnesses and public health systems management are important topics in political discourse in Europe and the world, the arguments used and reflected in the promotion of interventions are not the same everywhere. In places like France or the PICs, the importance and preservation of food culture, norms and traditions seem to play a distinctive role in how policies are created, perceived and justified. In fact, as we will see, some have argued food cultures (or elements of) should be promoted, where these align with the goals of public health.[622] In the case of France, food policies, like the 2005 school VM ban, often aim to preserve some aspect of French food culture in addition to trying to respond to public health concerns. For instance, the ban was partly supported as a measure against snacking, which, some argued, contributed to the breakdown of traditional meal structures.[623] In the PICs, many of the discussions around the reduction of obesity have centred on returning to traditional diets, food culture and lifestyles.

This section will argue that, the standards and goods necessary for citizens of countries (or communities) to live their best lives may be different from those of other countries, and as such, that it can be justified to implement policies to promote or protect these (culturally-related) goods/standards in one place, whereas it is not somewhere else. This is be especially true where populations' sense of collective consciousness is significantly tied to an aspect of culture. While Americans more often identify with choice when it comes to food, more so than the food itself, this is less true for other populations like the French, who more strongly associate with specific foods or practices and therefore wish to see them prescribed. As such, I argue the justifications of policies must be understood in the cultural context of the country in which they are implemented. Where policies are fundamentally against the culture and values of populations, they will be less justified or require stronger justifications. Moreover, in some instances, some cultures, norms and traditions can also be relied on to promote public health. This suggests public health food interventions are not universally effective. Instead, they should also be considered with reference to the attitudes, behaviours and culture of their respective countries. Overall, failing to consider the cultural implications of policies will lead them to be less justified.

This section will attempt to address a number of questions relevant to culture, food and policies, including: what might we mean by food culture and how can it affect public health? Can the

[622] Fischler, Claude, and Estelle Masson, *Manger: Français, Européens et Américains face à l'alimentation*. Odile Jacob, 2008.
[623] Borowiec, Anthony. "France says 'non' to child obesity." *Washington Times* (2004).

promotion of traditional food cultures help in preventing obesity in specific instances, and if so, what is the role of the State in this process? Does the promotion of a food culture (or element of) conflict with individual aspirations for autonomy or free choice? Finally, how does looking at culture help us in understanding the justifications for food policies and why should public health interventions be understood within community-specific contexts?

Food Culture and Perceptions of Food

Perceptions of food, its consumption and related customs inevitably vary between countries, communities and social groups. Different cultures place special attention on different aspects of food and meals: whether it is the contents of the food itself or how and when it is eaten. The concept of food culture is therefore broad. In the book *Food wars: the global battle for mouths, minds and markets*, Lang and Heasman provide the following account of food culture. They take it to mean:

"The totality of food beliefs and behaviours. These are socially framed. The term refers to a constellation of socially produced values, attitudes, relationships, tastes, cuisines and practices as exhibited through food. They may and do vary internationally. […] Food culture is the 'shared practices and meanings relating to food'."[624]

They further note: *"To explore food culture requires us to acknowledge the meanings that individual people and population groups attach to food. When people sit down to a meal together, every action they take – sitting on chairs, using plates and cutlery, the order of food, the type of food they choose, where and what they eat and how much – is an indicator of food culture. Food culture comprises both social 'cement' – binding groups together with shared assumptions – and opportunities for difference and distinction. People express their identities and classes through food and derive cultural meanings from it."*[625]

Food culture is not fixed. It is constantly evolving and subject to the influence of trade, economics and globalisation. While the tomato might be key to many Italian dishes and chocolate iconic to Switzerland, tomatoes and cocoa (along with other crops like potatoes, beans or corn) were only first brought to Europe in the 16th century. Equally, economic liberalisation, global trade, immigration and the internet have led to many recent changes in food cultures, including by increasing the prevalence of certain foods and influencing how they are consumed (e.g., fast foods). The FAO report on the *State of the World's Plant Genetic Resources* demonstrated the significant loss in global crop diversity, as a result of the spread of modern agriculture and the pursuit of

[624] Lang, Tim, and Michael Heasman, *Food wars: the global battle for mouths, minds and markets*. Routledge, 2015, 221.
[625] Ibid.

uniformity and predictability by businesses like supermarkets and fast food chains.[626,627] These changes are well illustrated in the case of the PICs, whose populations have, over the last decades, largely turned to Western, imported and processed products as well as growing non-endemic crops. In resistance to some of these changes, movements like *Slow Food* have emerged.[628]

Food culture and perceptions of foods, including their healthiness and the rituals associated with their consumption therefore vary by time and place. In 1937, French writer and diplomat Paul Morand wrote that watching New Yorkers eat their lunch on the go, in an orderly row and with their hats still on, reminded him of animals being fed in a stable. About 25 years later, American sociologist Daniel Lerner, wrote that French people's strict adherence to meal times reminded him of feeding times at the zoo.[629] For the Frenchman, the lack of conviviality and commensality of American meals felt animalistic, while for the American, the rigid adherence to rules governing how and when to eat, felt incompatible with free choice. The concept of *eating well* also varies drastically between countries. In their book *Manger: Français, Européens et Américains face à l'alimentation*, Fischler and Masson conducted a study of 7000 people in Germany, France, the UK, the US, Italy and Switzerland to understand the differences in food culture across countries and their impacts on public health.[630] When asked what citizens understood by the idea of *eating well*, Italians focused more on the culinary aspect of the food: its quality, freshness and the taste of the products. Americans and to a lesser extent Brits focused on the nutritional aspect of food, perceiving food more as a "vehicle for health", while the French focused more on the organisation of the meal (e.g., the order) and its content (e.g., dishes).[631,632] Perhaps the biggest difference observed however was that Europeans like the French, Italians and Swiss saw commensality, conviviality and abiding to certain rules (e.g., three meals a day) as central to food, whereas Americans and Brits saw food as a more private, intimate and individual matter.[633] For the French, eating represented an important ceremonial and shared activity with the food almost secondary to

---

626 Ibid., 108.
627 Food and Agriculture Organization. *Report on the state of the world's plant genetic resources for food and agriculture: prepared for the International Technical Conference on Plant Genetic Resources, Leipzig, Germany 17-23 June 1996*. FAO, 1996.
628 See https://www.slowfood.com/
629 Bow, Daisy Anne. "Reviewed Work: Manger: Français, Européens et Américains face à l'alimentation." (2009): 478-479.
630 Fischler and Masson, *Manger*.
631 Centre de Recherche et d'Information Nutritionnelles. "Manger: un acte culturel**."** Nutri-doc N° 71. Paris: CERIN, 2008.
632 Lhuissier, Anne. "Compte rendu d'ouvrage – Manger: Français, Européens et Américains face à l'alimentation." *Review of Agricultural and Environmental Studies-Revue d'Etudes en Agriculture et Environnement (RAEStud)* 89, no. 906-2016-71159 (2008): 110-115.
633 Fischler and Masson, *Manger*.

the social aspect. Americans focused more on what was being eaten, the perceived nutritional value of the food and whether it was healthy.[634] They note American food culture to be more individualistic compared to the French or Italian ones. However, the authors have also noted a general tendency in Europe to move towards this individualistic approach to food consumption.[635] For instance, time spent by the French preparing meals has decreased over the years[636] and having breakfast as a family is becoming less common.

In France, many have deplored this transition, rejecting the Americanisation of French food culture, calling for the reestablishment of time spent at the table with family and for schools to teach children about national food culture. In the PICs, though food culture has been rapidly changing towards Western processed and high-calorie foods, a high value is still attributed to food practices and commensality, as perhaps best exemplified by feasts and food related ceremonies. These have historically figured predominantly in Pacific lifestyles. Feasts *"were often dictated by political motives and defined by structured social relationships and religious considerations. They were also important mechanisms for exchange and had considerable economic significance."*[637] Such events remain an intricate part of Pacific Island culture. Roger Haden writes, *"some of the oldest Pacific-wide traditions still practiced pertain to cooking and feasting; they are considered sacred to the many separate although closely related cultures of the Pacific region, and are widely respected. Every islander feels a sense of duty to take part in and, at the same time, show due respect for, these traditions."*[638] Though feasting is only a part of the food culture of the region, it illustrates the central role food plays in Pacific Island culture and its connection to other cultural elements like politics, religion and social interactions.

These varying attitudes towards food and meals are often reflected in the political discourse surrounding food interventions, in particular, the value that is attributed by societies to different elements of food culture. For instance, we see these different discourses illustrated when comparing some of the political discussions around two of our policies and their broader contexts: on one hand the ban on VMs in schools in France and on the other, the new restrictions on marketing of HFSS foods in the UK. In France, many of the discussions around nutrition and the justifications for the ban of VMs in schools have revolved significantly around cultural values and the defence of traditional food related behaviours. That is, the value of the obesity policies promoted, also emerged from a cultural understanding of what foods and diets ought to be.

---

634 Ibid.
635 Lhuissier, "Compte rendu d'ouvrage – Manger."
636 Bow, "Reviewed Work: Manger."
637 Lewis, Nancy. "The Pacific Islands." Chapter. In The Cambridge World History of Food, edited by Kenneth F. Kiple and Kriemhild Coneè Ornelas, Cambridge: Cambridge University Press, 2000: 1359.
638 Haden, Roger. *Food culture in the Pacific Islands*. Bloomsbury Publishing USA, 2009, xii.

Of course, the policy was also heavily justified with reference to public health, the growing rates of obesity amongst children and the links between VMs, unhealthy diets and negative health outcomes. Yet these ideas were framed within the wider context of food culture in the country. Conversely, in the UK, the discussions around such policies are rarely centred on culture or the need for the promotion of specific diets. As pointed out by Fischler and Masson,[639] Brits, though to a lesser extent than Americans, see food as a more personal matter than the French and seem to place a higher value on choice when it comes to diets. While the French rely on *cultural arguments* to defend policies, defences of policies in the UK seem more focused on the notions of *enabling*, *supporting choice* and *empowering* people when it comes to making health related decisions.

The following are a few quotes from governmental sources in both countries to illustrate this point. Of course, it must be said food cultures are complex. Attempts to reduce them to claims that one is largely about choice while another is mainly about the promotion of specific cultural norms, would fail to capture the richness and diversity of opinions on the topic within countries. That being said, some of these trends are echoed in the discussions around policies and in particular, the justifications given for them.

UK	House of Commons	*"The aim of this policy is to reduce the overconsumption of products that contribute to children being overweight or living with obesity. We aim to achieve this by shifting the balance of promotions towards healthier options and maximising the accessibility of healthier promotions."*[640] *"The introduction of legislation will help to ensure that healthier food is more accessible, ultimately saving families money and supporting people to lead healthier lives."*[641] *"This legislation is part of a range of measures that form part of our healthy weight strategy, which will empower people to live healthier lives."*[642]

639 Fischler and Masson, *Manger*.
640 House of Commons. *Draft Food (Promotion and Placement) (England) Regulations 2021*. Delegated Legislation Committee, debated on Monday 15 November 2021. London: UK Parliament, accessed September 2023, https://hansard.parliament.uk/Commons/2021-11-15/debates/e7157e21-a083-4cbd-aabc-e52b006497e1/DraftFood(PromotionAndPlacement)(England)Regulations2021
641 Ibid.
642 Ibid.

		"This is the latest measure to support individuals to improve their health and thereby reduce pressure on the NHS. I welcome Members' support and their views on how we can support the nation to get healthier and achieve our ambition of halving childhood obesity by 2030."[643]
	House of Lords	*"In March 2021, we announced an extra £100 million for healthy weight programmes to support children, adults and families in achieving and maintaining a healthy weight."*[644] *"The aim of this policy is to restrict the promotion of products considered to be less healthy in favour of healthier options. We hope that this will help to improve children's diets and to reduce the overconsumption of food and drink high in calories, sugar, salt and fat that contributes to children being overweight and obese. We hope that this will shift the balance of promotions towards healthier options and maximise the availability of healthier products on promotion, making it easier for parents to make healthier choices when shopping for their families."*[645]
	Other policy documents	*"Compliance by industry with the promotion and placement regulations can significantly improve our food environment by ensuring healthier food is more easily accessible and more visible in shops, ultimately supporting people to lead healthier lives."*[646] *"The health and well-being of our children critically determines their opportunities in life. Today, nothing threatens that more than childhood obesity. […] We all have responsibility to work together to support young people in meeting this challenge. Whether we are parents, teachers, businesses, local leaders or health professionals, we*

[643] House of Commons. *High Fat, Sugar and Salt Advertising Consultation Response.* Statement made on 24 June 2021. London: UK Parliament, accessed September 2023, https://questions-statements.parliament.uk/written-statements/detail/2021-06-24/hcws123

[644] House of Lords. *Food (Promotion and Placement) (England) Regulations 2021*. Volume 816: debated on Tuesday 23 November 2021. London: UK Parliament, accessed September 2023, https://hansard.parliament.uk/lords/2021-11-23/debates/E2361007-9F39-4157-B1C7-95797CC1402E/Food(PromotionAndPlacement)(England)Regulations2021

[645] Ibid.

[646] Department of Health & Social Care. *Restricting promotions of products high in fat, sugar or salt by location and by volume price: Implementation Guidance*. Updated June 2023. London: Department of Health & Social Care, accessed September 2023, https://www.gov.uk/government/publications/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price-implementation-guidance

		must all play a role in helping to improve the health of our children and give future generations the best possible start in life."[647]
France	Ministry of Education & the Youth	*"Meals are a privileged moment of learning within the family or school. Balanced meals in schools help children acquire good dietary habits".*[648] *"Teachers play a key role in teaching pupils the rules of good dietary practices and teaching them the effects of food on health".*[649] *"The capacity to appreciate different tastes, of differentiating them and speaking of these sensations is learnt and cultivated. School plays an important role in the development of these tastes. It emphasises culinary heritage and promotes good quality products, both in their taste and nutrition".*[650] *"Taste is learnt, educated and acquired over time. Enjoying food also requires taking one's time and knowing how to choose. Taste developing events may take place during classes or as part of diverse activities […], including: […]* *- Emphasising the cultural heritage of food* *- Promotion of high quality products* *- Explaining the processes of making certain foods* *- Learning to critique current tendencies and the media"*[651]
	Ministry of Agriculture and Food Sovereignty	*"In France, the day is structured around three meals, and gathering with others to eat in all circumstances is evident. The canteen [school cafeteria] is an integral part of this culture since childhood: school catering, with over 1.1 billion meals served per year, is an essential place of the food education."*[652] *"School catering is a reflection of French food culture. Almost all French pupils go to the canteen as part of their schooling. Around 75% of the 12.9 million pupils in*

[647] HM Government. *Childhood obesity: a plan for action*: *Chapter 2*. London: HM Government, 2018: 4.
[648] Ministère de l'éducation nationale et de la Jeunesse. *Éducation à l'alimentation et au goût*. Paris : Ministère de l'Éducation nationale et de la Jeunesse. Updated August 2023, accessed September 2023, https://www.education.gouv.fr/education-l-alimentation-et-au-gout-7616
[649] Ibid.
[650] Ibid.
[651] Ibid.
[652] Ministère de l'Agriculture et de la Souveraineté alimentaire. "La cantine pour apprendre à bien manger." Alimentation, 2021, accessed August 2023, https://agriculture.gouv.fr/la-cantine-pour-apprendre-bien-manger

		school eat at the canteen at least once a week. This food culture in all life contexts (school, work, medical, prisons), can explain the slower progression of obesity in France than in other countries (2nd country in the EU with the lowest rate after Italy)."[653] *"Thus, France does everything possible to guarantee to all children access to healthy, safe and durable school lunches and to make them sensible to the agricultural, public health, environmental and cultural challenges linked to food."*[654]
	Senat	Following a study on the challenges to national food identity the Senat stated that: "*the de-structuration of food habits […] could have consequences on the conservation of our cultural and dietary traditions"* and thus concludes that it would be useful for initiatives to be taken for chefs to teach children in schools about taste, products and food preparation.[655]

Cultures thus vary in their views on food, what aspects of food culture they value and the ways in which they wish to them promoted. Seemingly empirical questions about health, obesity, diets or the effectiveness of interventions are thus, implicitly rooted and framed in a number of values, social practices and cultural ideas. In many ways, these ideas shape the way we think about policies and formulate justifications for them. However, though we might agree food culture plays a role in shaping our thinking about these issues, we ought to ask whether this matters to the practice and justifiability of policies, and if so, how? The next section attempts to explore this topic.

How does Culture Matter to Policy?

We ought to ask whether looking at food cultures is relevant to studying the practical use of food policies (e.g., their acceptance or effectiveness) and how food culture can affect public health, to its detriment, or promotion. I argue the culture of communities and in particular, countries, affects the entire process of policymaking: from what policies are considered acceptable (this is sometimes referred to as an *Overton window*, or the range of policies the public will accept. Promoting and implementing policies outside of this window will likely be controversial and require persuasion), to how policies are created or evaluated and how successful the policies will be.

[653] Ibid.
[654] Ibid.
[655] Sénat. *Les nouveaux apports de la science à la qualité et à la sûreté des aliments (rapport).* "La Culture: Quelles sont les conditions du maintien d'une identité alimentaire?" Paris: Senat, 2004, accessed September 2023, https://www.senat.fr/rap/r03-267-1/r03-267-119.html#toc569

Policies are determined by culture, both from the perspective of policymakers (i.e., their cultural views) and based on what they assume the public will accept or tolerate. Culture can be explicitly used to justify policies, as seen with the examples of food culture promotion in French schools or, conversely, simply be implicit in the reasons and justifications given by policymakers.

In 1972, Daniel Elazar wrote that the different political cultures and traditions of states in the US, influenced public policy implementation and outcomes.[656] He noted there existed different types of political cultures, such as traditionalistic, moralistic and individualistic ones. His idea was that *"each culture conveys a different understanding of the purpose of political action and governmental policy, with the most crucial of these understandings pertaining to the legitimacy of mass political participation and the acceptable scope of government policymaking."*[657] He suggested the scope of reasonable policies in each of these cultures therefore varied, as well as whether and how policies could be justified within each context. Though Elazar did not refer to theories like Liberalism or Perfectionism, the claims made by some of these political cultures certainly echo some of the arguments in these theories. For instance, individualistic political cultures see the role of government as instrumental to meeting certain individual goals rather than serving the interests of a community. In this case, the objective of politics and the Government is to advance individual interests and citizens tend to favour policies that promote individual initiative, while limiting government intervention.[658]

Conversely, the political aims of moralistic societies are centred on the promotion of collective welfare. Moralistic cultures tend to favour expansive government action, with the role of the Government being to solve specific policy issues even when not driven by public pressure.[659] The individualistic political culture certainly bears some similarities to Liberalism, while the notion of moralistic culture reflects some of the arguments found in Communitarianism, like the organisation of government action to serve collective welfare. Elazar noted individualistic societies are generally unfavourable to extensive government activity, particularly in economics. Whereas, a moralistic culture will support an activist government, which promotes certain views, or conceptions of what is good. Traditionalistic cultures tolerate governments so long as these can maintain a status quo and protect safety, order and traditions. In all these cases, public policy is shaped in response to the public expectations of each particular culture. Policies are shaped by the

656 Elazar Daniel J. *American Federalism : A View from the States*. New York: Thomas Y. Crowell, 1966.
657Lowery, David, and Lee Sigelman. "Political culture and state public policy: The missing link." *Western Political Quarterly* 35, no. 3 (1982): 376.
658 University of Central Florida. "State Political Culture." In Chapter 14: State and Local Government, American Government, 2nd edition, accessed September 2023, https://pressbooks.online.ucf.edu/americangovernment2e/chapter/state-political-culture/
659 Ibid.

particular cultural expectations societies have of their government as well as the culture of the members of said governments. Some have criticised this approach, stating policies are not necessarily guided by national political and cultural views but rather by elite cultures, which have more influence on politics.[660] Nonetheless, this suggests at least some aspects of culture come to shape policies and what is expected from governments: the scope of legitimate interventions they can employ and *why* they employ them (though this is not necessarily representative of the will of the entire population).

This means that not only does the *Overton window* vary between communities, but the justifications for these policies will also differ. A policy can be accepted in two countries, yet for different reasons. We may for instance assume, that while a Frenchman or Italian might accept restrictions on advertising aiming to limit the commercial influence of fast food restaurants as a way to protect food culture, a Brit might come to accept similar restrictions when motivated by public health promotion or choice enabling arguments. Some populations may therefore be more sensitive to accepting *cultural arguments* and wish to see the Government play a more active role in the promotion of culture. Part of the reason for this will be to do with the level of self-identification or group consciousness societies have and their association with specific food cultures. Where there is both a strong sense of collective belonging to a culture and strong links between this belonging and particular elements of food culture, it is more likely stricter policies will be considered and implemented, where these effectively preserve such elements. Where the French or Italian recognises their cuisine as intrinsically tied to their national sense of identity, this will matter to policy. Firstly, this will matter in a practical sense, in that this will shape how policies are created, whether they are introduced and how effective they are. Secondly, it will also matter in an ethical sense, as this will affect the justifiability of the intervention. Stricter, more coercive interventions can be justified where they fall in line with the expectations and culture of a particular society, but not necessarily in another, which holds different values. Hence, policies must be considered in ways that are culturally relevant in their respective societies.

Kahan & Braman discuss the concept of cultural cognition, or the idea that cultural commitments come prior to factual beliefs on policies or political issues. Individuals have a tendency to conform their factual beliefs about policies (particularly controversial ones) to their cultural understandings of the activities being targeted by the policies. The authors note *"culture is prior to facts in the cognitive sense that what citizens believe about the empirical consequences of those policies derives from their cultural worldviews. Based on a variety of overlapping psychological mechanisms, individuals accept or reject empirical claims about the*

[660] Lowery and Sigelman, "Political Culture," 383.

consequences of controversial polices based on their vision of a good society."[661] Douglas and Wildavsky presented similar findings that political and cultural views shape the ways in which individuals perceive risk, making them more attentive to certain risks, while disregarding others to reinforce and fit their particular worldviews.[662] In the context of food, most individuals do not always have the necessary information to understand some of the risks or problems associated with the consumption of certain foods. Individuals inevitably have to rely on the people they trust to learn about these risks. These people will most likely also be others who share their political and cultural views. This is referred to as group polarisation.

What these studies suggest is that culture, in many ways, determine how individuals feel about policies, what policies they feel are acceptable and how they interpret the facts linked to the policies. Kahan & Braman conclude that fields like criminal law, economic regulation and public health regulate activities *"ripe with culturally infused social meanings"*[663] and thus, that these mechanisms of belief creation will inevitably shape how citizens approve of policies with relation to their cultural views. "*As a result, seemingly empirical debates over all manner of public policy will be guided by the invisible hands of conflicting cultural worldviews."*[664]

Thus, culturally distinctive values and views are central in the conception and success of policies. This is particularly true in the field of nutrition policy as food is often heavily tied to the culture, norms and identities of communities. In addition, the more citizens associate national identity and food culture, the more this culture will come to influence the processes and success/failure of policymaking. Understanding the cultures of nations and communities can thus not be left out of the study of food policy. This is why one food intervention can be popular in one country while heavily unpopular in another. When France banned free SSB refills in restaurants in 2017, the policy went almost entirely unopposed (and in fact, unnoticed).[665] When this had been proposed in Massachusetts in 2012, the attempt failed, partly due to public opposition.[666] In addition, while countries have increasingly been using taxes to promote public health, Denmark had to backtrack

---

[661] Kahan, Dan M., and Donald Braman. "Cultural cognition and public policy." *Yale L. & Pol'y Rev.* 24 (2006): 150.
[662] Douglas, Mary, and Aaron Wildavsky. *Risk and culture: An essay on the selection of technological and environmental dangers*. University of California Press, 1983.
[663] Kahan and Braman, "Cultural Cognition," 156.
[664] Ibid., 157.
[665] Chazan, David. "French Call for Ban on Free Refills of Fizzy Drinks." *The Telegraph*, 2014, accessed September 2023, https://www.telegraph.co.uk/news/worldnews/europe/france/11094271/French-call-for-ban-on-free-refills-of-fizzy-drinks.html
[666] CBS News. "Big Soda Ban Proposed by Mayor of Cambridge, Mass." *CBS News*, 2012, accessed September 2023, https://www.cbsnews.com/news/big-soda-ban-proposed-by-mayor-of-cambridge-mass/

on both its decades-old SSB tax and new tax on saturated fats after only a year in place due to the unpopularity of the saturated-fat tax amongst the public and others like the meat industry, as well as concerns over cross border shopping and impacts on employment.[667,668,669] Moreover, while many countries/cities are now covered by sugar-related taxes and new ones regularly sprout up, like British Columbia's new SSB sales tax,[670] some, like Chicago's SSB tax can face "*staunch public opposition*".[671] The tax was repealed after only two months in place. Of course, in all these cases, it should also be said industries played a role in the determination (and failure) of these interventions. They do so by lobbying to roll back policies from being implemented, delay them (as in the case of Chile and its series of sugar-related regulations)[672] or attempt to have some input in the design of the policy. For instance, influence from the food industry contributed to making Australia's health star rating labelling system, a voluntary rather than mandatory initiative, ultimately limiting its effectiveness.[673]

Though industry influence has an important part to play in the success and failure of policies, so does the culture of a given society. Food interventions should thus be considered with reference to these cultural contexts. The scientific evidence of the effectiveness of a sugar tax will be of little use in some cultural contexts, e.g., where it is met with such disapproval it cannot be feasibly implemented. Rather, policies are more likely to be successful in countries that place a high value on the effects of an intervention. This effectiveness, in part, matters to overall justifiability. For instance, where the effectiveness of a policy is greater or weaker in some cultures this will affect the strength of the justifications in favour of it. Where a culture values the benefits conferred by a policy and contributes to its effectiveness, this will give strength to claims of its justifiability, though, this does not mean the two are correlated. Indeed, there can be cases where a policy is acceptable because the culture justifies it, despite not being very effective. Conversely, a policy can be effective though not necessarily justifiable in virtue of the culture.

---

667 Stafford, Ned. "Denmark cancels" fat tax" and shelves" sugar tax" because of threat of job losses." *BMJ: British Medical Journal* (2012): 345.
668 Bayliss, Myles. "A Sweet Deal? The Ethics of Sugar Taxes." *ethics* (2018).
669 Nestle, Marion. "The Danish Fat Tax: Reflections on Its Demise." *Food Politics*, 2012, accessed September 2023, https://www.foodpolitics.com/2012/11/the-danish-fat-tax-reflections-on-its-demise/
670 Ministry of Finance. "Notice to Sellers of Soda Beverages." *Provincial Sales Tax (PST) Notice*. Victoria, BC (2021).
671 Dewey, Caitlin. "Why Chicago's Soda Tax Fizzled After Two Months and What It Means for the Anti-Soda Movement." *The Washington Post*, 2017, accessed September 2023, https://www.washingtonpost.com/people/caitlin-dewey/?itid=ai_top_deweyce
672 Mialon, Mélissa, Camila Corvalan, Gustavo Cediel, Fernanda Baeza Scagliusi, and Marcela Reyes. "Food industry political practices in Chile:"the economy has always been the main concern"." *Globalization and Health* 16 (2020): 2.
673 Shahid, Maria, Bruce Neal, and Alexandra Jones. "Uptake of Australia's health star rating system 2014–2019." *Nutrients* 12, no. 6 (2020).

Finally, in instances where interventions go against valuable cultural practices, e.g., feasting in the PICS, robust justifications and considerations of these cultural elements will be required for the policy to be justifiable, since, such policies will more negatively affect the goods and practices that contribute to the welfare of citizens in those contexts.

This section has hopefully demonstrated some of the ways in which culture matters to policy. Culture can affect the whole process of policymaking, from thinking about which policies are justified, to the success of their implementation and the justifications used in their favour. Policies should thus bear social meanings compatible to the cultural values of citizens in societies where they are implemented. Stronger justifications will be required in contexts where they do not. These justifications will need to be sensitive to the impacts policies have on the foods or practices that contribute to the welfare of populations. Local culture must be a focal point of study when trying to create and implement effective and ethically sound policies.

Liberty, Autonomy and Food Culture

Food culture also matters in its relation to how populations perceive autonomy and liberty. Communities have different (implicit) views of what it means to be autonomous, which matter to public health. Dietary practices are, in part, socially constructed, and while contemporary factors influence what individuals eat (e.g., advertising), in many ways, food culture is inherited from the past and from social groups. From an American perspective, being autonomous when it comes to food might imply having a variety of choices and the ability to choose what one eats, while being held responsible for one's choices. Individuals can choose to gather the information they want regarding what they eat, and make their choices accordingly. On the other hand, countries like France have not traditionally held these values when it comes to food, instead, relying on norms to guide choices. Fischler and Masson note that in France, the norms and rules that determine food behaviours, including the times when one eats, the compositions of meals or how meals take place are generally dictated by culture and are not fully consciously chosen.[674] They describe this type of food culture as one characterised by a high degree of heteronomy. This heteronomy, in part, has helped citizens face the problem of choice; where many options are available, making it difficult to know what the "right" ones are. They suggest cultural norms can help guide citizens in their choices within this "dietary cacophony".[675] Yet, while this reliance on norms seems as though it negatively affects the autonomy of citizens and capacity to make choices, many in France have argued it presents benefits, as using this type of social regulation can be beneficial for public health

[674] Fischler and Masson, *Manger*.
[675] Ibid.

and, as such, State interventions should serve to promote these values and norms. In this case, food policies should be guided by these views in order to promote public health, which is seen as threatened by too much autonomy, choice and individualism. The authors suggest France ought to return to more traditional, commensal and convivial values when it comes to food. In other words, they associate this commensality with protection against obesity.[676] Chabrol suggests this culture ought to be accentuated, for instance, by creating environments in which people feel more comfortable eating together, e.g., having public rules for lighting/space and calm areas suited to eating collectively.[677] He notes the medicalisation of food and the "demonisation" of certain foods can be counterproductive and individualise relations to food. Instead, we ought to focus on culture and let it guide our habits. Finally, he suggests the State, along with civil society ought to do their best to preserve this culture of conviviality to promote public health.[678]

This promotion of heteronomy when it comes to food may not seem so unreasonable to some cultures like the French. Yet it will likely appear objectionable to more individualistic and libertarian cultures like that of the US, where imposing restrictions on what and how individuals eat can be badly perceived. These particular community-specific understandings of, firstly, what it means to be autonomous and secondly, whether and why it is justified to influence autonomy (including constrain it) can be important to the success of policies. Libertarians traditionally place a high value on autonomy and Negative Liberty. They argue the State should have a minimal influence on individual capacity to make choices and policies should mainly be enacted where they serve to protect autonomy and Negative Liberty, i.e., autonomy and liberty are the main values and standards by which the justifiability of policies ought to be evaluated. Conversely, societies that place higher values on other goods, such as their food culture, will likely be more inclined to accept the promotion of social norms and conventions that shape the autonomy or choice of the individual in order to protect this good. While influencing individuals into holding particular ideas about food culture can affect autonomy, this can be justified by reference to how this promotion is used to promote other valued goods. Understanding the value communities or countries place on goods like public health and food culture in relation to individual autonomy and Negative Liberty is therefore helpful in assessing the legitimacy of *cultural arguments* and enabling policymakers to determine whether the policies can be successful, in particular, by looking at how these goods are prioritised with relation to each other.

---

676 Ibid.
677 Chabrol, Didier. "Manger, un acte culturel." *Projet* 307, no. 1 (2008): 58.
678 Ibid.

However, it is not necessarily the case that adhering to these norms must contravene individual aspirations for autonomy. In fact, Communitarian thinkers argue the opposite: autonomy can be found as part of communities.[679] Communitarianism not only holds that our beliefs, ideas and actions are influenced and determined by the particular communities to which we belong, but also that *"we are what we are in virtue of participating in the larger life of our society"*[680] and *"one is a self only among other selves. A self can never be described without reference to those who surround it."*[681] Taylor claims the self and individual identity can only be expressed and realised as part of the community to which it belongs. This particular conception of the self is shared amongst Communitarian thinkers like MacIntyre, who reiterates Aristotle's view that, the self, removed from its *polis*, loses the essence of what it means to be a human being.[682] For the Communitarian, the idea the isolated individual is more autonomous is mistaken, since everything necessary for the individual to gain autonomy and the necessary conditions to support it, was created and sustained by a community. So, while autonomy partly implies having a capacity to act independently, rationally and not be overly subject to the injunctions of others (Kantian view of autonomy), the choices we make are never fully ours. For MacIntyre *"we are never more (and sometimes less) than the co-authors of our own narratives"*[683], we *"enter upon a stage which we did not design and we find ourselves part of an action that was not of our making."*[684] He writes that the idea one can live the story one wants, free of constraints is a fantasy. The community shapes the individual, gives meaning to their life and gives them the capacity to make informed choices and judgements. Without the community to do this, the individual would not be in a position to make informed political, moral or social decisions in the first place. In addition, to lead one's life as one wishes, one inevitably requires assistance from others. Having the conditions necessary for autonomy (e.g., adequate options) requires outside help. Thus, for the Communitarian, autonomy can only be possible within a community and through participation in its collective life.

I do not claim mere participation in a community is sufficient to be autonomous. Autonomy also requires some capacity to make individual decisions (including decisions that are not in line with those of the community). One must retain the capacity to reflect on the authenticity of the desires

---

679 Cohen, Andrew Jason. "Communitarianism 'Social Constitution,'and Autonomy." *Pacific Philosophical Quarterly* 80, no. 2 (1999): 121-135.
680 Taylor, Charles. "Hegel: History and Politics." In *Liberalism and Its Critics*, edited by M. Sandel, (1984): 183.
681 Taylor, Charles. *Sources of the self: The making of the modern identity*. Harvard University Press, 1992, 21.
682 MacIntyre, Alasdair. "Whose Justice? Which Rationality?" In *The New Social Theory Reader: Contemporary Debates*, (1988): 98.
683 MacIntyre, Alasdair. *After virtue*. A&C Black, 2013, 247.
684 Ibid.

and values that move one to act in the first place, assess these, and have ability to exercise these desires (within a context that make this possible).[685] As captured by Raz, autonomy requires a number of elements, such as the *ability to form informed and effective judgments*, relational elements like not being *subjected to the will of another* and elements related to the environments in which we find ourselves, such as the *quality of the options open to us*.[686] Communities contribute to providing the conditions necessary for both the first and last of these elements and as such, can hardly be removed from the examination of the autonomy of persons. So, while one is not autonomous by merely belonging to a community, autonomy is hard to find in the absence of a community. Therefore, though abiding by traditions or adhering to a food culture is not necessarily a better way of promoting individual autonomy, having one's choices and habits guided by those norms and behaviours (as in the French case) should not be seen as dichotomously opposed to being autonomous. Thus, it should not be objectionable to implement interventions that promote particular conceptions of food culture (e.g., a VM ban), so long as they do not prevent the individual from making choices within their culture (i.e., being co-author of their choices) and reflecting on these choices. In addition, such interventions should not restrict the range of options agents have so much that this diminishes their autonomy. In the case of the VMs restrictions or taxes, it could hardly be argued that they do. Consequently, I suggest that, in the case of most sugar policies, it is unlikely the promotion of interventions by reference to specific cultural norms and values will contribute to significantly diminishing the autonomy of agents and as such, can rarely be opposed on such grounds.

Health Policies and (returning to) Traditions

Part of the reason some governments use *cultural arguments* as a justification for public health interventions is that, in many countries, traditional diets and food norms tend to be associated with health, while modern ones (fast, HFSS foods, HPFs, SSBs etc.) have been associated with obesity and NCDs. Discerning the extent to which such claims are true or instead rooted in conservatism is difficult. Yet such narratives have been used in numerous countries like France, Chile or the PICs to blame new foods and customs for the prevalence of obesity. This has been most obvious in the PICs, where the rapid transition towards Western diets over the years has led to some of the highest obesity rates in the world. Governments and public officials have thus suggested that returning to previous traditional diets, largely made up of fish and locally grown endemic crops, could be an answer to current public health concerns.

---

[685] Christman, John. "Autonomy in moral and political philosophy." (2003).
[686] Raz, Joseph. *The morality of freedom*. Clarendon Press, 1986, 155.

This view has also been discussed and shared by public health practitioners, academics and the press,[687,688,689] while some media now promote this shift through programmes like *Pacific Island Food Revolution*.[690,691] Similar arguments that returning to traditional foods and food culture could help in addressing public health concerns, have also been put forward in Chile and Latin America (though the unhealthy components of those diets need to be addressed).[692,693,694] How much going back to traditional diets and methods of food production or agriculture can reverse trends in obesity and NCDs is certainly unclear. The feasibility of such a change has also been questioned considering the low cost of HFSS, fast and highly-processed foods and how commonplace they have become, particularly in places like the PICs, which have little agricultural capacity.[695]

These discussions around returning to traditional food norms raise questions about how culture can enable public health and the extent to which the State ought to promote it. The University of Hawaii's Pacific Food Guide states that solutions to address and prevent obesity in the region include "*strategies to support healthy eating and active lifestyles through encouraging the consumption of traditional foods such as non-imported fruits, vegetables, and meats, as well as embracing culture and traditional physical activities like planting and fishing*".[696,697] In addition, that any dietary policy ought to be understood

---

687 Hughes, Robert G., and Geoffrey C. Marks. "Against the tide of change: diet and health in the Pacific islands." (2010).
688 Parry, Jane. "Pacific islanders pay heavy price for abandoning traditional diet." *World Health Organization. Bulletin of the World Health Organization* 88, no. 7 (2010): 484-485.
689 Victoria University of Wellington. "Traditional Pacific Island Lifestyle Inspiration for Healthy Living." *Pasifika Hub*, 2011, accessed September 2023, https://www.wgtn.ac.nz/pasifika/our-community/news/news-archives/2011-news/traditional-pacific-island-lifestyle-inspiration-for-healthy-living
690 Ministry for Pacific Peoples. "Food revolution in the Pacific." 2019. *New Zealand Government,* accessed September 2023, https://www.mpp.govt.nz/news-and-events/2019/food-revolution-in-the-pacific/
691 Pacific Times. "New report reveals behavioral change impact of Pacific Island Food Revolution." 2021, accessed September 2023, https://www.pacificislandtimes.com/post/new-report-reveals-behavioral-change-impact-of-pacific-island-food-revolution
692 Popkin, Barry M., and Thomas Reardon. "Obesity and the food system transformation in Latin America." *Obesity Reviews* 19, no. 8 (2018): 1028-1064.
693 Kuhnlein, Harriet V., and Olivier Receveur. "Dietary change and traditional food systems of indigenous peoples." *Annual review of nutrition* 16, no. 1 (1996): 417-442.
694 Kanter, Rebecca, and Mariana León Villagra. "Participatory methods to identify perceived healthy and sustainable traditional culinary preparations across three generations of adults: Results from Chile's metropolitan region and region of La Araucanía." *Nutrients* 12, no. 2 (2020): 489.
695 Mar, Sara. "A Colonizer's Diet." *Public Health Post*, 2021, accessed September 2023, https://www.publichealthpost.org/research/aapi-nutrition/
696 University of Hawai'i. "Nutrition Transition of the Pacific: Traditional to Contemporary." In *US Affiliated Pacific Food Guide: A Children's Healthy Living Program Resource for Nutrition*, Regional Information, accessed September 2023, https://manoa.hawaii.edu/ctahr/pacificfoodguide/index.php/about-the-guide/nutrition-transition-of-the-pacific/
697 Swinburn, Boyd, Jan Pryor, Marita McCabe, Robert Carter, Maximilian de Courten, David Schaaf, and Robert Scragg. "The Pacific OPIC project (Obesity Prevention in Communities)-objectives and designs." *Pac Health Dialog* 14, no. 2 (2007): 139-146.

within the cultural context of the countries and islands in which they are being implemented. This includes, understanding the value attributed to food and meals, for instance, how food can represent love and generosity, while thinness is perceived as a result of illness or inadequate feeding.[698] Like Mediterranean cultures, Pacific cultures place a strong emphasis on conviviality and spending time with family through meals. Health policies must work around these values in order to be successful. Again, the Pacific Food Guide states:

"The promotion of traditional foods and food related practices, whether they are indigenous or newly adopted, may be a positive reason for the revival and embrace of culture. The cultures of the region were known to have healthy diets, regular physical activity, and low prevalence rates of noncommunicable chronic disease. Continual efforts to empower cultures of the region will be beneficial to support positive change and health outcomes."[699]

That is, health should be promoted alongside (and through) these traditional food cultures. Such arguments also suggest policies should find ways to ameliorate health while being in line with community values. Without this, policies will be unjustified (to populations). These ideas are reflected in the discourse surrounding health policies on these islands, which has revolved around the promotion of culture, reclaiming national and regional food sovereignty and the ties between local values and health. States have therefore, partly relied on *cultural arguments* to put forward health interventions. The following table highlights a few examples of quotes, which demonstrate the implicitness of cultural values in political discourse in PICs.

Countries	Citation
Fiji	**[Public Service permanent secretary Parmesh Chand]** *"The move from traditional and cultural eating habits to changing consumption patterns are threatening the very fabric of society with more people opting for imported refined foods leading to a rise in NCDs, an inactive and under-exercised nation."*[700]

[698] Bruss, Mozhdeh B., Joseph Morris, and Linda Dannison. "Prevention of childhood obesity: sociocultural and familial factors." *Journal of the American Dietetic Association* 103, no. 8 (2003): 1042-1045.
[699] University of Hawai'i, "Nutrition Transition of the Pacific."
[700] Fiji Government. "Serious action needed to combat NCDs – Chand." *Media Centre*, 2011, accessed September 2023, https://www.fiji.gov.fj/Media-Centre/News/Serious-action-needed-to-combat-NCDs---Chand

	[Ministry of Health] *"Citizens of Fiji are advised to eat in moderation, locally grown food low in fats and oils. Exercise regularly, plant your own vegetables, root crops and fruit in your backyard gardens."*[701] *"**Prime Minister Commodore Voreqe Bainimarama** reiterated the need to educate our children about healthy life styles and eating traditional foods other than being addicted to junk food. 'Our children are today and our future. They MUST be nurtured well to ensure sustainability of our efforts, our parenting and education system has a crucial role in teaching our children the value of a healthy lifestyle. We need to bring back home and school gardening to ensure our children plant and farm to sustain and maintain healthy and productive lifestyles'."*[702]
Tonga	**[Pacific Community Director-General Dr Tukuitonga on the promotion of the Pasifika Plates cookbook]** *"Pasifika Plates encourages Pacific people to return to their culinary roots, literally, by emphasising and promoting traditional crops and other nutritious foods that thrive on their islands."* And, *"We also hope it will encourage people in the Pacific to take pride in the food our land and oceans provide and encourage healthy lifestyles."*[703]
Samoa	**[Prime Minister Tuilaepa Sailele Malielegaoi during the EAT Forum in Sweden]** *"Food 'colonialism' began with cheap meat imports, all considered as 'rejects' in countries of origin, being shipped to Pacific countries. These gradually became integrated into the traditional Samoan diet with deep impact. The problems of health started to emerge and so were issues around fast and processed food. Worst still was a growing generation of Samoans raised on these easy to get and easy to prepare food."*[704] **[Minister of Agriculture & Fisheries, Afioga La'auli Leuatea Polataivao Fosi]** *"Five key systemic solutions to transform our national food systems*

[701] Fiji Government. "Combatting Non Communicable Disease - Statement from the Ministry of Health." *Media Centre*, 2011, accessed September 2023, https://www.fiji.gov.fj/Media-Centre/News/Combatting-Non-Communicable-Disease---Statement-from-the-Ministry-of-
[702] Fiji Government. "Nurturing the young minds." Media Centre, 2009, accessed September 2023, https://www.fiji.gov.fj/Media-Centre/News/Nurturing-the-young-minds
[703] Government of the Kingdom of Tonga. "Pasifika Plates: promoting healthy Pacific food." 2016, accessed September 2023, https://www.gov.to/press-release/pasifika-plates-promoting-healthy-pacific-food/
[704] Government of Samoa. "EAT Forum." 2016, accessed September 2023, https://www.samoagovt.ws/2016/06/eat-forum/

	and also help achieve the 2030 Agenda include: […] Revitalise and promote the use of traditional and indigenous knowledge in sustainable agricultural practices. […] Facilitate effective engagement of vulnerable groups including women and youth in food system discussions and food value chains, to ensure equitable livelihoods in the food sector. This will encourage an informed role of communities and culture in the development of our food systems."[705] **[Samoa PM Fiame Naomi Mata'afa]** *"Access to a balanced and nutritional diet is crucial and requires a return to locally produced quality fresh foods and less of processed imported foods. This will be key to addressing the rising burden of Non-Communicable Diseases which represent the single largest cause of premature mortality in the Pacific countries including Samoa."*[706]
Solomon Islands	**[Minister Senley Filualea]** *"To address this complex web of challenges, clear action is needed to prioritize healthy diets in general, and maternal and child diets in particular, through a more resilient food system. The promotion of improved eating habits and lifestyle choices, crop diversification, including traditional and indigenous crops and roots, more sustainable natural resources management and better local food processing and supply chain management can contribute to better affordability of healthy diets in the region."*[707]

I hope to have demonstrated that the ways in which dietary health is promoted in communities is often connected to the promotion of specific food cultures and associated values. The success of policies, whether they are accepted by the public and whether they are ethically justified will partly depend on the links between culture and health. In France, officials might look at promoting traditional dietary rules and customs like spending time together eating while in the PICs, they may

[705] Government of Samoa. "Press Statement by the Minister of Agriculture & Fisheries, Afioga La'auli Leuatea Polataivao Fosi for the United Nations Food Systems Summit 2021." 2021, accessed September 2023, https://www.samoagovt.ws/2021/09/press-statement-by-the-minister-of-agriculture-fisheries-afioga-laauli-leuatea-polataivao-fosi-for-the-united-nations-food-systems-summit-2021/

[706] Government of Samoa. "REMARKS: Samoa PM Fiame Naomi Mata'afa delivers national statement at UNGA77." 2022, accessed September 2023, https://www.samoagovt.ws/2022/09/remarks-samoa-pm-fiame-naomi-mataafa-delivers-national-statement-at-unga77/

[707] Solomon Islands Government. "Solomon Islands presents, on behave of the Pacific Islands Region, the challenges of meeting Food Security and Nutritional Needs of the people of the Pacific Islands, to the Food and Agriculture Organization (FAO) of the United Nations and its Partners at the Launching of the Asia and Pacific Regional Overview of Food Security and Nutrition 2020 Report." 2021, accessed September 2023, https://solomons.gov.sb/solomon-islands-presents-on-behave-of-the-pacific-islands-region-the-challenges-of-meeting-food-security-and-nutritional-needs-of-the-people-of-the-pacific-islands-to-the-food-and-agriculture-organ/

focus on reviving and developing local agriculture and maintaining food sovereignty. In either case, the justifiability of public health food interventions must be found within the communities in which these are put forward, for the context which leads them to be implemented, what it means for citizens of a community to live their best life and the impacts of those interventions, will vary according to the community and its culture. In that sense, the culture of communities affects many aspects of the justifiability of interventions. These include practical aspects like effectiveness and the likelihood of the policy being accepted. As we have seen, these will both matter to the overall justifiability of policies, since these will affect how defensible it is to use policies to solve particular issues. Where the policy at stake is not effective or likely to be rejected, it is less reasonable to consider. The culture of communities will also matter ethically, as to be justified, policies need to be culturally relevant in the societies in which they are used. That is, they ought to respect and align with the practices and traditions valued by citizens of those communities and provide collective meaning to their lives. Equally, focusing on culture in the development of policies will enable them to be compatible with the environments that enable individuals to be autonomous, in part by being sensitive to the factors necessary to sustain autonomy (e.g., the ability to make *informed and effective judgments* or the *adequacy of options* available). Given the collective value of culture, this will also sometimes entail tailoring policies in ways that align with both public health promotion and values or practices. In cases where culture and health promotion clash, assessments of trade-offs will be necessary in order to assess the justifiability of interventions. Overall, failing to consider these cultural elements will inevitably decrease the justifiability of related policies.

Perfectionism and Culture Promotion

Food cultures can be worth promoting, not merely because they instrumentally serve public health, but by virtue of contributing to the *good life*. Looking at food culture through the lens of Perfectionism, we might argue culture (and its components) can be worth promoting so long as these contribute to human flourishing and the good, however it is conceived. The primary function of Perfectionist states is to *"take an active role in creating and maintaining social conditions that best enable their subjects to lead valuable and worthwhile lives*",[708] i.e., a life well lived in terms of well-being (e.g., happiness) and one spent in the pursuit or achievement of valuable goods/activities (e.g., a life of achievement). States can do this through the promotion of objective goods (which do not necessarily contribute to the well-being of citizens).

Perfectionists generally argue these goods are valuable, either by reference to the development of human nature (and thus must show how these goods contribute to the development of an essential

[708] Wall, Steven. *Liberalism, perfectionism and restraint*. Cambridge University Press, 1998, 8.

feature of human nature), e.g., rationality. Arneson for instance, writes that Perfectionism is *"the doctrine that the good or intrinsically desirable human life is one that develops to the maximal possible extent the properties that constitute human nature."*[709] Conversely, others simply discuss the existence of objective goods without referring to human nature (and must thus show why some goods ought to be considered objectively good but not others).[710] For instance, Parfit refers to Perfectionism as the achievement of *"the best things in life"* or *the "things which do most to make life worth living"*.[711]

Culture is often cited as one of these goods. Rawls himself described Perfectionism as *"a teleological theory directing society to arrange institutions and to define the duties and obligations of individuals so as to maximize the achievement of human excellence in art, science, and culture."*[712] Perfectionists have refuted this account, stating it identifies a specific set of goods worth promoting and that Perfectionist thinkers do not hold that the State ought to *maximally* promote *these* goods, but rather, the good.[713] Nonetheless, Rawls was right to mention culture, as it is a commonly discussed good Perfectionists wish to see the State promote, as it is often seen as essential to leading a worthwhile life. These views are perhaps, not altogether foreign to those of the public. As stated by Tahzib: *"most people believe that it is incumbent on states to take decisive steps to preserve a society's historic treasures, architectural wonders, and cultural heritage. Many deeply held perfectionist convictions also surface in the form of fears and lamentations. It is fairly common, for instance, to hear individuals decry the coarsening and degradation of public culture."*[714] In many instances, it can be said populations do often hold that the State does have some role to play in the preservation or promotion of the culture they value (though this becomes more complex when this clashes with other goods). There is some merit to thinking of culture as an objective good that contributes to creating the conditions which enable citizens to lead worthwhile lives, either as a good in itself (e.g., leading a worthwhile life requires being cultured and taking part in culture or cultural activities) or instrumentally (i.e., it contributes to other necessary components of *the good life*). In this case: health.

Many Perfectionists have argued culture is an objective good and necessary to the *good life*. For instance, Hurka, who appeals to the human nature view of Perfectionism, presents the idea that

---

709 Arneson, Richard J. "Human flourishing versus desire satisfaction." *Social Philosophy and Policy* 16, no. 1 (1999): 119-120.
710 Wall, Steven. "Perfectionism in politics: A defense." *Contemporary debates in political philosophy* (2009): 101-102.
711 Parfit, Derek. "Overpopulation and the Quality of Life." In *The repugnant conclusion: Essays on population ethics*. Dordrecht: Springer Netherlands, 2004: 161.
712 Rawls, John. *A theory of justice* (1971). Harvard University Press, 1999, 285-286.
713 Wall, "Perfectionism in politics," 100.
714 Tahzib, Collis. "Perfectionism: Political not metaphysical." *Philosophy & Public Affairs* 47, no. 2 (2019): 169.

"human beings have natures or identities based on their membership in particular cultures, and their good consists at least partly in developing these narrower cultural identities."[715] Similarly to Communitarian arguments, Hurka argues membership of particular cultures provides meaning and guidance to individual lives. Without the development of this identity through particular cultures, citizens can fail to develop the necessary capacities to lead a good life. This membership gives individuals a sense of who they are and what they ought to do. Therefore, that the good, for individuals of different nations will each consist in developing elements of their cultural identity. In this sense, national cultures are particularly important, in that, they provide an important context for the exercise of cultural identities and have a significant influence on the choices and actions necessary to lead good lives. Because citizens' identities are dependent on their belonging to these specific cultures, leading a worthwhile life will also partly depend on the realisation or achievement of elements of their cultures, e.g., leading a good life for an American will, in part, depend on their taking part or being successful within the cultural specificities of American culture: its rituals and ceremonies, language, food etc. Whereas, by virtue of belonging to American society, leading a worthwhile life for the American will not require them to take part or be successful within the specificities of French society. If it is so that these national cultures and their components are important to the leading of worthwhile lives for citizens, then these could be conceived as objective goods, which the State ought to promote, sometimes in spite of other goods.

It must be noted that the types of cultures or elements of those cultures, which are worth promoting in societies, cannot be universally justified. Perfectionist political morality and its promotion must be applied to societies with different histories and cultures (including political cultures).[716] In fact, Hurka also makes the point that while these cultural differences come to shape what constitutes a good life for the individual, this does not suggest that having a specific nationality or belonging to X culture was necessary for that person to lead a good life. We can easily imagine other scenarios in which that person would have also had a good life within another culture.[717] The elements worth promoting will thus depend on the society at stake. Though these will vary, I argue some elements of cultures, in this case food culture, ought to be promoted in order to enable individuals to lead worthwhile lives. Turning back to the earlier Lang and Heasman quote on food culture:

---

[715] Hurka, Thomas. "The justification of national partiality." *The morality of nationalism* 139 (1997): 141.
[716] Wall, Steven. "Perfectionism, public reason, and religious accommodation." *Social Theory and Practice* 31, no. 2 (2005): 302.
[717] Hurka, "The justification of national partiality," 141-142.

"Food culture comprises both social 'cement' – binding groups together with shared assumptions – and opportunities for difference and distinction. People express their identities and classes through food and derive cultural meanings from it."[718]

Food and associated practices, serve many purposes within cultures besides sustaining life. Food offers opportunities to socialise and spend time with loved ones, provides one of the most accessible forms of pleasure and relaxation and offers opportunities for different communities and countries to express their identities and find some unity as a group. All of these can contribute to individual happiness and social cohesion. Thus, it is conceivable that taking part in a food culture and deriving meaning from it, is a constituent of *the good life*. And, just as taking part in the cultural elements of American life is important for the American to live a worthwhile life, so could taking part in a food culture be important to the Frenchman, Chilean and Pacific Islander. As such, policies can be justified in trying to promote these cultural dimensions of consuming food, even beyond the claim they promote health (if they do). Thus, that it defensible to justify policies through *cultural arguments*, where the promotion culture is compatible with the promotion of *the good life*.

Of course, one might argue the move towards a (relatively) globalised Western, fast and processed food diet is merely a change in food culture rather than a loss in food culture. This then leads us to ask why communities should promote the traditional Pacific, Chilean or French food cultures instead of a modern (perhaps Americanised) one. There are different possible answers to this question. Firstly, we could argue this global food culture fails entirely to contribute to *the good life* of populations and in fact, is more harmful than valuable. This claim seems too radical. It would be difficult to consider a global food culture as altogether incompatible with leading a worthwhile life, since this would imply a citizen from a society, which has adopted it, could not truly achieve a worthwhile life with such a food culture. Secondly, (and more realistically) we might claim that while intrinsically valuable, it is not the case that food culture should be *maximally* promoted, and in fact, still remains less important for the State to prioritise than other objective goods like health. As such, while this modern food culture can help citizens realise some of the necessary activities of *the good life* (e.g., enjoyment), health still takes precedence over it, and thus, it should only be promoted to the extent that it does not significantly conflict with health. In this sense, these traditional food cultures will be more justified to promote, if they are less likely to conflict with health, while still enabling citizens to realise the activities necessary to lead worthwhile lives. Finally, it may simply be that while this newer food culture is worth promoting/protecting, it is less worthy

[718] Lang and Heasman, *Food wars,* 221.

of promotion/protection than the traditional food culture, in that, the latter has a greater contribution to creating the necessary conditions to lead a good life. In this case, as the two are to an extent, mutually exclusive, and the role of the State is to maximally promote the good, the duty of the Perfectionist State ought to be to promote the more valuable culture.

Conclusion

Food culture and culture more broadly, matter to policy. Culture comes to influence the entire process of policymaking, from the conception of policies to determining their success. This is due, firstly, to public expectations about the role of government and the permissibility of state intervention, and secondly, the ideas and values, which shape why and how, states put forward interventions. This inevitably comes to influence all areas of policy, including public health.

This chapter has attempted to explain the concept of food culture and why it is relevant to the field of policy, specifically: how it influences policy. It has also attempted to evaluate the role of the State in promoting culture, insofar as it relates to public health. Indeed, the notion that the promotion of traditional food cultures could help in preventing obesity and NCDs has gained traction over the last decades as countries have transitioned towards more globalised, individualistic and "unhealthy" diets. I have considered a range of ways of understanding how *cultural arguments* might feature in the justification and implementation of policies and in particular, questioned what the impact of this might be on individual aspirations for liberty or autonomy. Overall, I have tried to show that *cultural arguments*, as exemplified by some of the case studies and government narratives, have some legitimacy and can provide a basis for policy justification, alongside the more traditional health-related arguments. I have argued that thinking about culture and the values instantiated in specific cultures is important when thinking about justifying policies, both where culture aligns with health goals but also where cultural practices are problematic for the promotion of public health. In either case, culture needs to be considered when looking at the justifiability of health policies that affect it, while trade-offs will need to be assessed in cases where improving health requires interference with cultural elements.

Chapter 9 – Equity and Health

Introduction

"Health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, 'bad', unhealthy behaviour, or difficulties in access to medical care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society. […] Health inequalities that are preventable by reasonable means are unfair. Putting them right is a matter of social justice."[719]

Health equity is a central topic of discussion in public health policy and has been a common subject of study in recent years, notably with the increased focus on the social and commercial determinants of health. The promotion of equity often features in the political justifications given in favour of policies. This is true of the different policies studied in this thesis. In the case of Chile, discussions around equity, fairness and the reduction of inequalities heavily featured in the creation of the Ley 20.606. Numerous official documents concerning this law reference the need to address the social context that affects health outcomes and their distribution. The Government noted, *"the urgency of establishing public health policies under the concept of the social determinants of health and equity, giving priority to interventions at the level of structural determinants that operate at the socioeconomic and political context level, such as policies that regulate the information, access and availability of food."*[720]

Many of the discussions of senators and policymakers focused on the relation between this new law and poverty, vulnerable groups like children and the overall asymmetries in access to nutritional information.[721] Some documents noted that, as opposed to other policies like taxes, *"food labels present distributive advantages that benefit poor people relatively more"*[722], while others pointed to aspects of labelling which might be inequitable, notably for the visually impaired.[723] In all cases however, equity and fairness were a feature of the discussions surrounding the policy and its

[719] Marmot, Michael. "Fair society, healthy lives." *Fair society, healthy lives* (2013): 16.
[720] Ministerio de Salud, "Directriz para la vigilancia y fiscalización de la composición nutricional de los alimentos y su publicidad, de acuerdo al reglamento sanitario de los alimentos," Santiago: *Departamento de Nutrición y Alimentos*, 2018: 3.
[721] Biblioteca del Congreso Nacional de Chile, "Historia de la Ley N° 20.606 Sobre composición nutricional de los alimentos y su publicidad" Santiago: *Biblioteca del Congreso Nacional de Chile*, 2017.
[722] Ministerio de Salud, "Informe Sobre Evaluaciones de la Ley N° 20.606 Sobre composición nutricional de los alimentos y su publicidad" Santiago: *Ministerio de Salud*, 2021: 9.
[723] Camara de Diputados, "Modifica la Ley N° 20.606, sobre composición nutricional de los alimentos y su publicidad, con el objeto de establecer la obligatoriedad incorporar el sistema braille en el etiquetado de información nutricional" Santiago: *Camara de Diputados*, 2018.

promotion. These concerns also played a role in shaping the policy, including through amendments, for instance, by requiring braille be added to the labelling.[724]

Conversely, concerns over equity are also often raised by civil society or organisations to oppose certain policies. In the UK, as with other sugar reduction policies in the past (e.g., the SDIL),[725,726] the new HFSS food restrictions were criticised for being inequitable and likely to have a disproportionate impact on low-income households. The newspaper The Big Issue, wrote that the HFSS regulations would lead products to become more expensive and thus *"supermarkets will become less accessible and affordable for those living in food poverty"*,[727] while some of the restrictions had to be delayed, ostensibly to limit the effect of the cost of living crisis on low-income households.[728] Concerns over equity can also go beyond the financial costs of policies on low-income groups. In the US, the POTP campaign was criticised for stigmatising overweight people and reinforcing the association between being overweight and unattractive.[729] It was suggested such campaigns could lead to the unfair treatment of overweight individuals, which in turn could "*create or exacerbate health disparities as well as interfere with public health promotion."*[730]

Equity, in some sense, is unique in policymaking as most actors (public, policymakers, academics etc.) make claims regarding its promotion. These claims either serve to justify policies, by arguing particular interventions will reduce inequities (whether this is true is often less clear), or to assess (and often oppose) them. The concept is therefore highly relevant to policymaking. Yet there are a number of ethical issues linked to its promotion. Firstly, it is not always evident what the concept means, whether different actors understand it in the same way, and how it differs from other often mentioned concepts like equality. Pauly and Willett write that, while the notion of equity runs through most discussions of public policy, there seems to be no clear idea of what it means:

---

724 Ibid.
725 Tirado, Linda. "A Sugar Tax? Let's Stop Nannying Poor People and Find a Proper Solution," *The Guardian*, 2015, accessed September 2023, https://www.theguardian.com/commentisfree/2015/dec/01/sugar-tax-poor-people-obesity-crisis
726 Courea, Eleni. "A Sugar Tax Would Be (Another) Tax on the Poor," *The Spectator*, 2015, accessed September 2023, https://www.spectator.co.uk/article/a-sugar-tax-would-be-another-tax-on-the-poor/
727 Big Issue. "Obesity, Food Poverty and the Big Changes Coming to Supermarkets," 2022, accessed September 2023, https://www.bigissue.com/life/food/obesity-food-poverty-and-the-big-changes-coming-to-supermarkets/
728 Minchin, Joshua. "HFSS Regulations Delayed as Cost-of-Living Crisis Rages," *New Food Magazine*, 2022, accessed September 2023, https://www.newfoodmagazine.com/news/164887/hfss-regulations-delayed-as-cost-of-living-crisis-rages/
729 Fairchild, Amy L., Ronald Bayer, and James Colgrove. "Risky business: New York City's experience with fear-based public health campaigns." *Health Affairs* 34, no. 5 (2015): 844-851.
730 Puhl, Rebecca, Joerg Luedicke, and Jamie Lee Peterson. "Public reactions to obesity-related health campaigns: a randomized controlled trial." *American journal of preventive medicine* 45, no. 1 (2013): 37.

"presumably, the term implies that equals should be treated equally, that unequals should be treated unequally, and that the differences in treatments should be 'fair'".[731]

Yet this begs many questions regarding what we ought to consider equals or what a fair process of treating individuals might look like. Some additional clarity on equity and its essence should therefore be of use to policymakers. Furthermore, working towards a better appreciation of the term requires some understanding of the values, ideas and moral principles that underpin it. For this, looking at political theories is especially useful, both in judging why we think about equity in the way we do and in looking at how to promote it through policymaking. In particular, I focus on Communitarianism as a way to frame ethical issues in public health, in response to the Liberal values that sometimes hinder efforts at promoting equity.[732] In fact, there are elements of Communitarian thinking that enable distinctive ways of understanding which inequalities should be considered unfair and thus how policies are justifiable. In addition to bringing additional clarity as to the essence of equity, this chapter seeks to show group considerations, standards and practices ought to be seen as key to the study of equity in policymaking. Finally, I argue the traditions and goods valued by communities can also help in understanding these issues, while elements of Communitarian thinking can also help in looking at how to promote health equity in groups. Therefore, though Communitarianism is not the only approach through which to reflect on distributive justice, it is useful in highlighting how certain goods can matter to equity.

What is Health Equity?

Inequality vs Inequity

The starting point to understanding health inequity is to look at inequalities. There are many ways to measure inequalities in health within and across populations. These differences can be represented through various indexes such as the WHO's Health Inequality Monitor.[733] For instance, the differences in life expectancies or morbidities of two populations can be described as inequalities. Inequality is a dimensional concept and refers to measurable quantities.[734]

[731] Pauly, Mark V., and Thomas D. Willett. "Two concepts of equity and their implications for public policy." *Social Science Quarterly* (1972): 8.
[732] Newdick, Christopher. "Health equality, social justice and the poverty of autonomy." *Health Economics, Policy and Law* 12, no. 4 (2017): 411-433.
[733] World Health Organization. "Health Inequality Monitor." *World Health Organization*, accessed September 2023, https://www.who.int/data/inequality-monitor
[734] Kawachi, Ichiro, Subu V. Subramanian, and Naomar Almeida-Filho. "A glossary for health inequalities." *Journal of Epidemiology & Community Health* 56, no. 9 (2002): 647.

Conversely, health equity is an ethical concept and relates to social justice or fairness.[735,736] It is an intrinsically normative concept, grounded in values and moral principles, rather than measurements of differences.[737] Health equity is therefore related to health inequalities, insofar as it looks at the processes that lead to them or the outcomes that result from them. Yet not all health inequalities are inequitable,[738] e.g., we can expect differences in the health of young adults and the elderly without necessarily thinking of these inequalities as inequitable.[739] To be clear, I am not referring to equity in health care, but rather equity in health more broadly. Here, I merely take health care to be one of the many determinants of health, one, which, in many cases can be less significant than others in determining health outcomes.[740] Despite the comprehensive literature on the subject, there remains a lack of clarity around the notion of health inequity, which is commonly used interchangeably with health inequality or disparity. This section therefore explores what inequity is and what key concepts we ought to look at beyond measurable inequalities.

Avoiding Avoidability

One of the most discussed and cited papers on health equity is Margaret Whitehead's 1991 *The Concepts and Principles of Equity and Health*. In it, she defines health inequities as those inequalities which are, on the one hand *avoidable* and on the other *unfair/unjust*.[741] Unfairness has been widely adopted as the main characteristic of inequity and, though conceptions of justice/fairness differ, its role in defining equity is uncontroversial. I will therefore discuss fairness in the following section and first address the *avoidability* component. By drawing attention to whether inequalities are avoidable, Whitehead mainly tries to create a distinction between natural and socially produced inequalities. She makes the case that biological differences often lead to inevitable differences in health outcomes and thus, that these inequalities should not be a matter of justice. For instance, she suggests sex-related differences in illness like ovarian or cervical cancers should not be matters of justice as these are products of biological differences rather than unjust social or environmental factors,[742] and should thus, be considered *"inevitable rather than inequitable"*.[743] However, while these

---

735 Braveman, Paula, and Sofia Gruskin. "Defining equity in health." *Journal of Epidemiology & Community Health* 57, no. 4 (2003): 254.
736 Sheehan, Peter, and Mark Sheehan. "Caring about the social determinants of health." *The American Journal of Bioethics* 15, no. 3 (2015): 48-50.
737 Ibid., 255.
738 Ibid.
739 Ibid.
740 Williams, Alan, and Richard Cookson. "Equity in health." *Handbook of health economics* 1 (2000): 1865.
741 Whitehead, Margaret. "The concepts and principles of equity and health." *International journal of health services* 22, no. 3 (1992): 429-445.
742 Ibid., 431-433.
743 Ibid., 432.

differences in rates of cancers between men and women are not inequitable, the distribution of these rates between groups of a female population are.

Whitehead is right to point to the notion of *avoidability*, as it is certainly relevant in determining whether inequalities are inequitable. However, singling it out as a component, alongside *fairness* has been subject to disagreement. Firstly, it can be unclear what inequalities are avoidable. While for Whitehead and others like Chang,[744] differences ought to be considered avoidable if caused by social rather than natural causes, others have argued this view is too narrow. For instance, even if health differences are not avoidable in the sense of being preventable, they can be avoidable in the sense of being treatable.[745] Although type one diabetes is not avoidable in the sense of being preventable and not a product of social processes, it is still manageable with the use of insulin. A poor health outcome resulting from the inaccessibility/unavailability of insulin might therefore be thought of as an inequity.[746] Furthermore, Luck Egalitarians go so far as to argue that even when a health outcome is both inevitable and untreatable, inequalities are still matters of justice. Where person A has lesser mobility than person B, resulting from an unpreventable and untreatable condition, Luck Egalitarians still maintain this inequality is unfair, and that, person A has rightful claim for society to rectify it, e.g., by providing a mobility aid or adapting certain areas to make them accessible.[747,748] In such a case, Luck Egalitarians argue *avoidability* would not be a useful concept to understand equity. The Luck Egalitarian view is controversial, as it is arguable that, although it would be morally right to attempt to improve the condition of person A with a disability, this would not necessarily be a matter of justice. Equally, there are instances where some conditions are unpreventable, untreatable and un-rectifiable. For instance, many untreatable genetic conditions are not rectifiable, e.g., Huntington's disease, in the same sense as improving mobility.

I therefore do not take the view that *avoidability* is never relevant to understanding inequity. Rather, I suggest, as others have, that there is no need to include the *avoidability* criterion as separate from fairness, since, the concept of unfairness, to some degree, implies it.[749] Braveman and Gruskin also point out, that, as *"certain health inequities may be extremely challenging to tackle because they require*

---

744 Chang, Wei-Ching. "The meaning and goals of equity in health." *Journal of Epidemiology & Community Health* 56, no. 7 (2002): 488-491.
745 MacKay, Douglas, and Gopal Sreenivasan. "Justice, inequality, and health." *Stanford Encyclopedia of Philosophy* (2008).
746 Preda, Adina, and Kristin Voigt. "The social determinants of health: why should we care?." *The American Journal of Bioethics* 15, no. 3 (2015): 25-36.
747 Lippert-Rasmussen, Kasper. "When group measures of health should matter." *Inequalities in health: Concepts, measures, and ethics* (2013): 52-65.
748 MacKay and Sreenivasan, "Justice, Inequality, and Health".
749 Anand, Sudhir, and Fabienne Peter. "Equal Opportunity." In *Is Inequality Bad for Our Health?*, edited by Joshua Cohen and Joel Rogers, Boston, MA: Beacon Press, 2000: 48-52.

fundamental changes in underlying social and economic structures; one would not want the ease of avoidability to be a measure of the degree of inequity."[750] Including *avoidability* as a component of fairness, as opposed to a stand-alone criterion for judging inequalities is therefore more useful. This enables us to be more inclusive of what we understand as inequitable, thus, allowing us to judge inequity based on additional components of fairness, rather than excluding all cases that are not avoidable.

Components of Fairness

The question remains of what it means for a health inequalities to be unfair. Fairness is complex to understand, as there are a number of concepts that influence our perception of it, e.g., the *avoidability* criterion as we have just seen. We can also look at the *desirability* of goods or outcomes in determining fairness. Concerns over fairness are only expressed when individuals or group have less access than others, to goods or outcomes deemed desirable. For instance, we can speak of inequity in accessing healthcare but not in the ability of populations to be ill with specific diseases, since, the latter is a non-desirable outcome. Similarly, the perceived contribution of the good or condition to the welfare of individuals also plays a role in the perceptions of equity. Healthcare is universally recognised as important to leading worthwhile lives (in its contribution to well-being and the capacity to pursue valuable goods or activities), as such, inequalities in its access are likely to be perceived as inequitable. When it is less clear whether goods or activities contribute to the well-being and flourishing of individuals (e.g., unhealthy commodities), we are less likely to speak of them in terms of equity, even though the goods are desirable in some sense. While many people enjoy drinking alcohol, arguing its access ought to be a matter of equity would be subject to controversy, since it is unlikely to be judged an essential component of human flourishing.

However, perhaps one of the most relevant elements when it comes to evaluating fairness is the degree to which a particular health difference is *self-inflicted* or *self-chosen*. That is, how much the particular inequality is or was out of the control of the person subject to it.[751] For instance, injuries sustained following a ski accident would be unlikely be considered an inequity, whereas injuries sustained from working a dangerous job, where the person otherwise has few financial resources or opportunities, can be. The less "chosen" a health inequality is, the more likely we are to perceive it as unfair. Similarly, someone having an unhealthy diet as a result of having a low-income and limited choices will likely be perceived as more inequitable than someone having a poor diet because they are simply not paying attention to what they eat. Fairness thus, partly rests on the expectation individuals ought to avoid unhealthy choices where possible. Of course, the degree to

[750] Braveman and Gruskin, "Defining equity in health," 255.
[751] Le Grand, Julian. *The strategy of equality: redistribution and the social services*. Vol. 13. Routledge, 2018.

which inequalities are chosen or unhealthy choices can be avoided will not always be clear and will vary along a spectrum. We live and act in environments in which we are influenced by many determinants, whether economic, political or social.
These can more or less influence or restrict behaviours, though rarely completely. The extent to which individuals are influenced into certain behaviours and the control they have over their choices (particularly unhealthy choices) are thus important notions in determining equity.

We can also understand more about fairness by looking at the expectations societies have of what is *due* to individuals. Justice in part, revolves around claims we believe are rightful to make.[752] Where we agree individuals have a rightful claim to a good, the lack of access to this good may be considered unjust. While traveling is a desirable good which increases the well-being of individuals, we might not necessarily feel individuals are *due* the capacity to travel or that distributive justice should be organised in a way that promotes it. However, the claim that individuals are *due* the health that enables them to live worthwhile lives is more established. In this case, we are more likely to speak of inequity when discussing inequalities in health than inequalities in the ability to travel. Inequity will thus appear more important when comparing an existing inequality to what individuals *ought* to have or be, i.e., the greater this difference between what is perceived as *due* and what is *received/available*, the greater the inequity.

The elements presented here do not constitute a complete account of the relevant notions of fairness. Rather, these are some of the main components we ought to look at, to understand inequities. Thus, I take inequities to be *unfair* inequalities, where fairness is influenced by many elements such as the ones mentioned so far: *avoidability*, *desirability*, relation between the good and individual welfare, degree of *self-infliction* and the societal understandings of what is *due* to persons.

Equity and Groups

Another important element in looking at equity is the relation between groups or communities and perceptions of fairness. I argue looking at groups is particularly important in framing the discussions around equity, more so than simply looking at individuals. Braveman, writes *"health disparities/inequalities include differences between the most advantaged group in a given category—e.g., the wealthiest, the most powerful racial/ethnic group—and all others, not only between the best- and worst-off groups. Pursuing health equity means pursuing the elimination of such health disparities/inequalities."*[753] While she and Gruskin, also note that *"equity in health is the absence of systematic disparities in health (or in the major social determinants*

[752] Miller, David. "Justice." *Stanford Encyclopedia of Philosophy* (2017).
[753] Braveman, Paula. "Health disparities and health equity: concepts and measurement." *Annu. Rev. Public Health* 27 (2006): 167.

of health) between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige. […] Assessing health equity requires comparing health and its social determinants between more and less advantaged social groups."[754]

Whitehead also recognised that *"the sense of injustice increases for groups where disadvantages cluster together and reinforce each other, making them vulnerable to ill health",*[755]for instance, by normalising unhealthy behaviours, thus making it more difficult for others to avoid those behaviours. The vast literature on the social determinants of health has attempted to show this, including that unhealthy behaviours cluster and reinforce each other and that, questions of equity should thus be framed within the social contexts of groups. [756,757,758,759] Braveman also suggests that monitoring and addressing health inequities requires an examination of the inequalities between groups with different social advantages and who occupy different positions in social hierarchies.[760] There are different reasons why the study of equity should be central to these group considerations. The first is what has driven the research on the social determinants of health: to understand how collective behaviours reinforce or reproduce inequalities by influencing individuals to adopt or follow certain norms. In this sense, groups can be interesting to study insofar as this helps in dealing with the inequities they produce.

In addition, looking at groups also helps us understand the meaning of equity, by determining the assumptions and expectations we have of justice and what is *due* to persons. Miller notes the types of relationships we hold with different persons and groups, matter to justice. And that, justice can only be understood within the context of these relationships and associations. He writes, firstly, that it is difficult to conceive of a conception of justice outside of communities: *"wherever a community exists, we can say with some precision which needs justice requires us to meet; in the absence of such a community, the concept becomes amorphous. […] Equality remains an empty notion until we have a more concrete conception of membership that specifies the rights and duties of citizens."*[761] The concept of justice and thus equity, can only make sense when looking at the distribution of outcomes and conditions within

---

754 Braveman and Gruskin, "Defining equity in health," 254.
755 Whitehead, "The concepts and principles of equity and health," 433.
756 Marmot, Michael, and Richard Wilkinson, eds. *Social determinants of health*. Oup Oxford, 2005.
757 Wilkinson, Richard G., and Michael Marmot, eds. *Social determinants of health: the solid facts*. World Health Organization, 2003.
758 Marmot, Michael, Jessica Allen, Ruth Bell, Ellen Bloomer, and Peter Goldblatt. "WHO European review of social determinants of health and the health divide." *The Lancet* 380, no. 9846 (2012): 1011-1029.
759 Sheehan, Mark, and Peter Sheehan. *Justice and the social reality of health: The case of Australia*. New York, NY: Oxford University Press, 2002.
760 Braveman, Paula A. "Monitoring equity in health and healthcare: a conceptual framework." *Journal of health, population and nutrition* (2003): 181-192.
761 Miller, David. *Principles of social justice*. Harvard University Press, 2001, 34-35.

communities. It makes less sense to try to establish what is owed and the duties of citizens if these are detached from the communities in which justice is exercised.

Secondly, the types of associations we form with others shape our understanding of what is due to them and our sense of distributive justice i.e., what we believe we ought to have and owe to each other. *"When people have a common identity as members of a community, they see their lives and destinies as interwoven, and their sense of themselves as free-floating individuals is correspondingly weakened; their solidarity gives rise to a more or less powerful sense of mutual obligation, and this naturally expresses itself in a conception of justice as distribution according to need."*[762] Yet the extent to which these mutual obligations and solidarity develops will vary. Understanding justice requires an appreciation of the different ways in which we assign and claim benefits amongst different group: families, enterprises, nations etc. This means that what we consider fair will differ within and across social groups. For instance, we may feel we have a stronger duty towards addressing health inequalities that are unfair in the village where we live, than in another village in the country, though both are matters of justice. Equally, we may feel it more important to address health inequities in our own country than in others. What we perceive as inequitable and how we address these inequities depends on these different associations. That is not to say that a same inequity in country B is more or less fair than in country A but that the associations of the inhabitants of country A will influence the ways in which they interpret their rights, responsibilities and the extent to which they should address these issues in the two countries.

Miller further notes, *"a theory of justice should provide people with a conception of themselves as citizens as well as family members, economic agents, [...] and in this way seek to correct distortions in everyday thinking about fairness."*[763] His claim partly responds to writers like Rawls or Dworkin who attempted to build conceptions of justice from the perspective of citizenship alone, rather than these different communities.[764] Because of these different expectations and associations of communities, as well as their particular histories or cultures, these are likely to have different norms and standards to judge equity. This will inevitably affect both the justifiability of policies in specific contexts and the justifications given for them. The use of interventions in policy areas heavily laden by socio-cultural values or group specific interpretations of equity (e.g., abortion, euthanasia, dress codes enforcement, alcohol prohibition, sugary drinks taxes, etc.) will need to take into account these standards, as these determine what might be equitable or not in their respective contexts. This suggests there are settings where such standards can justify the use of a policy, whereas that same

[762] Ibid., 35.
[763] Ibid., 41.
[764] Ibid., 277.

policy would not be justified from the perspective of equity in another. In that sense, the identification of the goods that matter to justice, partly come from the recognition of these community contexts, without which, it becomes difficult to see which inequalities are unfair.This approach to understanding fairness can require some evidence as to what the public understands as fair, as this will influence what is considered equitable and how valued goods should be distributed. For instance, some societies place a high value on the arts, by making them as accessible as possible to the public (e.g., free entrance to galleries, promotion of arts in the media, art classes in schools etc.). Where a high value is placed on this good, inequity can partly be judged based on the difficulties in accessing or taking part in it. Conversely, this will be less relevant in societies that assign little value to art. In terms of health, we might for instance look at the ways in which different countries promote health. Chinese medicine for instance, is highly valued in China as a way to promote health. Traditional Chinese Medicine hospitals are largely funded by the central government,[765] while the practice of Chinese medicine has been incorporated in community health centres.[766] Its use is valued both medically and as a cultural good.[767,768] We might therefore stipulate that access to Chinese medicine is a concern for justice in societies that place such a high value on it, whereas it would hardly be arguable that the lack of access to Traditional Chinese Medicine in many European countries ought to be a concern for justice or measure of equity.

In the context of food policy, some countries attach a strong value to their food culture and its promotion. Countries such as France put a lot of emphasis on the importance of school meals and the specific foods consumed during them. In France, a lack of access to such meals (beyond their nutritional aspect, e.g., their social or cultural dimensions) would be considered an issue of equity, whereas this may not be the case elsewhere. Where these goods or practices are valued in communities and contribute to the welfare of populations, these will matter to equity and provide a frame to judge it. In this sense, looking at groups or communities and the goods they seek, is relevant to the equity-related justifications for policies. Of course, there will likely be a great many

---

765 RenRen, Weicun, Xiaoli Fu, Clifford Silver Tarimo, Maisa Kasanga, Yanqing Wang, and Jian Wu. "The scale and structure of government financial investment in traditional medicine based on optimal efficiency: evidence from public traditional Chinese medicine hospitals (PTHs) of Henan province, China." *BMC health services research* 21 (2021): 1-10.

766 Chung, Vincent CH, Polly HX Ma, Harry HX Wang, Jia Ji Wang, Lau Chun Hong, Xiaolin Wei, Samuel Wong, Jin Ling Tang, and Sian M. Griffiths. "Integrating traditional Chinese medicine services in community health centers: insights into utilization patterns in the Pearl River region of China." Evidence-Based Complementary and Alternative Medicine (2013).

767 Robinson, Nicola. "Integrated traditional Chinese medicine." *Complementary therapies in clinical practice* 12, no. 2 (2006): 132-140.

768 Robinson, Nicola. "Integrative medicine—traditional Chinese medicine, a model?." *Chinese Journal of Integrative Medicine* 17 (2011): 21-25.

goods considered universally valued, in this case: access to healthcare. Yet the ways in which these goods are valued and promoted, will always matter to conceptions of fairness and thus, equity.

Liberalism & Health Equity

In Western countries, health has often been characterised as implicitly driven by Liberal values, notably, by heavily focusing on individuals and their rights.[769] Such views of health imply the autonomy and liberty of individuals should be respected when promoting public health. The State may wish to educate, inform or enable certain choices, yet in line with the Millian Harm Principle, should refrain from implementing policies that coerce or constrain individuals' autonomy, liberty, free choice or agency. The Liberal conception of the role of the State in health emphasises that, giving such power to policymakers or public health officials, would give them excessive influence over citizens' personal choices.[770] In addition, Liberals defend the notion of respect for individual choices, including choices that are detrimental to one's self. Consequently, Liberal societies have often tended to place the responsibility for health on their citizens, linking individualism and personal responsibility.[771,772,773,774,775] McGregor, whom I quote at length, notes that the Neo-Liberal model, which underpins healthcare, makes strong individualistic assumptions about the ways in which we behave.

"Human beings will always try to favour themselves and, as they do this, they need have no concern for others or the environment. This absence of concern can exist because each person is assumed to act absolutely independently of others and is assumed to be restricted only by his/her natural surroundings and NOT by any other human being. There is no concern for the impact of current decisions and patterns of behaviour on others elsewhere […]. Neoliberalists replace the concepts of the public good and the community with individual responsibility. Advocates of neoliberalism believe in pressuring the poorest people in a society to find their own solutions to their lack of health care, education and social security by themselves."[776]

---

769 Newdick, Christopher. "Health equality, social justice and the poverty of autonomy." *Health Economics, Policy and Law* 12, no. 4 (2017): 416.
770 Epstein, Richard A. "In defense of the old public health-the legal framework for the regulation of public health." *Brook. L. Rev.* 69 (2003): 1421-1470.
771 Rose, Nikolas. "The politics of life itself." *Theory, culture & society* 18, no. 6 (2001): 1-30.
772 Mulderrig, Jane. "Multimodal strategies of emotional governance: a critical analysis of 'nudge'tactics in health policy." *Critical Discourse Studies* 15, no. 1 (2018): 39-67.
773 Tolvhed, Helena, and Outi Hakola. "The individualisation of health in late modernity." *Conceptualising Public Health* (2018).
774 Guthman, Julie. *Weighing in: Obesity, food justice, and the limits of capitalism*. Vol. 32. Univ of California Press, 2011.
775 Gillies, John, and Mark Sheehan. "When should patients be held responsible for their lifestyle choices?." *BMJ* 332, no. 7536 (2006): 279.
776 McGregor, Sue. "Neoliberalism and health care." *International Journal of Consumer Studies* 25, no. 2 (2001): 84.

Yet this over emphasis on individuality and the dichotomy between the individual and collective, fails to represent the multidimensional aspects of health and how environments or communities influence health outcomes. Health ought to be understood as more than the aggregate of the health of individuals. Arah argues population health should be conceived as the *"indivisible health experience of a collective of individuals, where this collective is taken to be distinguishable from a mere collection or summation of individuals."*[777] That is, that the health context in which individuals find themselves and the characteristics of communities influence the health outcomes of this collective. A collective for instance, could not be moved to a different health context, without this having an impact on the interactions, identity and health of its members.[778] It is partly from these ideas, that Communitarianism has been suggested as a more appropriate way of framing ethical issues in public health, particularly when looking at equity.

Many authors have suggested health equity must be, in some sense, linked to an emphasis and understanding of communities.[779,780,781,782,783] Some have proposed that some of the ideas of Communitarianism could help in achieving this.[784,785,786] This section will focus on these Communitarian ideas, insofar as they relate to equity and the various case studies of sugar policies. I look at the work of both, authors who have explicitly advocated for a Communitarian understanding of health equity, such as Gavin Mooney, along with the ideas of authors who, while not explicitly Communitarian, do reflect some Communitarian ideas and values in their writing, notably, Sen and Nussbaum who developed the Capability Approach.

---

777 Arah, Onyebuchi A. "On the relationship between individual and population health." *Medicine, health care and philosophy* 12, no. 3 (2009): 239.
778 Ibid.
779 Beauchamp, Dan E. "Community: the neglected tradition of public health." *Hastings Center Report* 15, no. 6 (1985): 28-36.
780 Callahan, Daniel. *What kind of life?: the limits of medical progress*. Georgetown University Press, 1995.
781 Susser, Mervyn. "Health as a human right: an epidemiologist's perspective on the public health." *American Journal of Public Health* 83, no. 3 (1993): 418-426.
782 Tesh, Sylvia Noble. *Hidden arguments: Political ideology and disease prevention policy*. Rutgers University Press, 1988.
783 Lindbladh, Eva, Carl Hampus Lyttkens, Bertil S. Hanson, and P-O. Östergren. "Equity is out of fashion? An essay on autonomy and health policy in the individualized society." *Social Science & Medicine* 46, no. 8 (1998): 1017-1025.
784 Black, Megan, and Gavin Mooney. "Equity in health care from a communitarian standpoint." *Health Care Analysis* 10 (2002): 193-208.
785 Emanuel, Ezekiel J. *The ends of human life: medical ethics in a liberal polity*. Harvard University Press, 1991.
786 Robertson, Ann. "Critical reflections on the politics of need: implications for public health." *Social science & medicine* 47, no. 10 (1998): 1419-1430.

Re-Framing the Debate

As one of the main figures in the development of Bioethics, Callahan argued Liberalism should not provide the sole perspective for framing health issues and that Communitarianism could be a useful opposing stance. For him, Communitarianism assumes "*that no sharp distinction can be drawn between the public and private sphere. It is important that there be a private and protected sphere, but what counts as private will be a societal decision, not something inherent in the human condition."*[787] He notes that Liberal individualism came to be the dominant view in Bioethics, with a strong focus on autonomy and individual rights, while Communitarian concerns for public goods and interests were left aside.[788] However, some health and bioethical issues are difficult to separate from the views and attitudes held by societies. For instance, many issues linked to reproduction (e.g., abortion) or genetics (e.g., use of genetic information) are heavily tied to societal values and moral ideas, which in turn, shape the practice of public health. Believing there to be an *"almost complete triumph of liberal individualism"*[789] in public health (though this claim is exaggerated), he notes Liberalism's over emphasis on individualism does not help us in developing the moral perspectives necessary to deal with the complexities of some of these public health issues.[790] He proposes that some elements of Communitarianism can provide another lens to make political and social decisions and determine what the good; rules or virtues of societies ought to be, i.e., Communitarianism can provide a useful alternative to Liberalism in public health discussions, including when dealing with questions regarding the justifications of policies and their socio-cultural impacts. In this sense, we can re-frame debates in bioethics and public health by focusing them on the relation between policies and conceptions of the common good, and look at this as a central aspect by which to justify them.

This does not mean the rights of individuals should be disregarded in favour of community good, rather that when looking at public health issues, these rights or individual goods should be evaluated in reference to those of the community at large. In particular, this should be done when evaluating the trade-offs of promoting the good of one to the detriment of the other. Interestingly, we can see similarities between Communitarian and Perfectionist views that are relevant to public health, for instance, the view that conceptions of autonomy should also encompass ideas about what is good, i.e., that autonomy can lose its value when used to pursue worthless options and

[787] Callahan, Daniel. "Principlism and communitarianism." *Journal of Medical Ethics* 29, no. 5 (2003): 288.
[788] Callahan, Daniel. "Individual Good and Common Good: A Communitarian Approach to Bioethics," *The Roots of Bioethics: Health, Progress, Technology, Death* (New York: 2012): 50-61.
[789] Ibid., 51.
[790] Ibid., 54.

notions that the concept of harm should be more broadly understood: in the case of Communitarianism, to include threats to the community.

Callahan's work is interesting from the perspective of equity in health, as it advises us not to solely rely on Liberal values when trying to understand equity and how to promote it. Understanding the promotion of equity is not dissociable from understanding the groups and communities faced with inequities, since it is these communities that provide the framing to understand the elements that matter in assessing whether inequalities are unfair. Conversely, an individualist outlook on health inequities is insufficient, as it fails to provide adequate answers to questions surrounding the origins of health inequities, the contexts in which they occur and how to deal with them. As mentioned, this is partly what the literature on the social determinants of health has attempted to study. For instance, focusing solely on individual behaviours when it comes to food consumption does little to explain the difference in obesity rates between lower-income groups compared to higher ones.[791] It also does little to help us understand the justifiability of claims, for interventions that disproportionately affect different sub-sets of populations. For, Liberalism tends to imply a universality to the justifiability of interventions. If it is that an intervention is justified for one citizen, then it should be others, e.g., the Harm Principle. Yet the promotion of equity requires interventions to affect groups and communities differently. Equally, it may require the use of policies, not justified by reference to the whole population, but by the fact these policies promote equity for specific groups or communities, despite affecting the whole. Yet the emphasis on the respect of agency and free choice in Liberalism has made it difficult to implement such policies, for instance, those typically considered more coercive: including bans or fiscal interventions. In the UK, this has resulted in few restrictive or fiscal policies having been implemented.[792]

Yet it has been argued policies that are more restrictive can be better at promoting equity. Adams and colleagues have argued that policies, which aim to preserve agency, tend to increase inequity, while those that require low levels of agency, are both more effective and equitable. For instance, they note that when trying to increase the consumption of folic acid for women trying to conceive, the use of high-agency interventions (which increase the necessity for individual decisions), such as leaflets, tend to *"reinforce, or even worsen, socioeconomic inequalities."*[793] The more agency is required

[791] National Health Service Digital. "Statistics on Obesity, Physical Activity and Diet: England 2017." *NHS Digital*, 2017.
[792] Theis, Dolly RZ, and Martin White. "Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992–2020." *The Milbank Quarterly* 99, no. 1 (2021): 140.
[793] Adams, Jean, Oliver Mytton, Martin White, and Pablo Monsivais. "Why are some population interventions for diet and obesity more equitable and effective than others? The role of individual agency." *PLoS medicine* 13, no. 4 (2016): 3.

for the success of an intervention, the more it will be subject to the psycho-cognitive and material resources of the person subject to it.[794] Socioeconomically advantaged people with good health literacy will find it easier to understand the information provided in interventions, as well as have more time or material resources to buy healthier products and prepare them.[795]

Small inequities in each additional steps of interventions can thus result in larger inequities in health outcomes.[796] Overall, they suggest *"low-agency population interventions are most likely to achieve the twin public health aims of preventing disease and minimising inequalities. These interventions should, therefore, form the backbone of public health strategies."*[797] Yet when presented through the lens of Liberal individualism and respect of individual agency, liberty and free choice, such interventions would likely be perceived as unwarranted. Because Liberalism also individualises the responsibility for health, it also prevents us from seeing how such interventions can promote equity for disadvantaged groups. Similar policies have thus generally come across as unpalatable to the public, concerned with paternalism. The Liberal perspective thus places the benefits of policies in opposition to the rights and choices of individuals, thus creating a debate over trade-offs between the two. However, as policies that rely on voluntary behaviour change to be effective are less likely to meet public health and equity ambitions,[798] we ought to question whether more interventionist approaches would not be better suited to solving these issues.[799] This will remain impossible where free choice, agency and liberty are held as goods whose value supersede health equity. As Callahan suggested, reframing these ethical issues around the notion of public good and communities helps in understanding how to promote equity effectively by evaluating the conceptual elements that matter to it and allow us to weigh the rights of individuals in relation to common interests, including equity, which, while central in the discourse of policies, is not always evidently promoted.

The case study of the information campaigns in New York illustrates this point. The implementation of coercive low-agency policies to influence diets in the US have traditionally been difficult, due to the high value Americans place on agency, free choice and liberty. Although some SSB taxes exist on local levels (San Francisco, Albany, Philadelphia, Seattle) this still only accounts for a small portion of the US population. Bans often fail to be implemented (e.g., sugary drinks

---

794 Ibid.
795 Ibid.
796 Ibid.
797 Ibid., 4.
798 White, Martin, Jean Adams, and Peter Heywood. "How and why do interventions that increase health overall widen inequalities within populations?." In *Social inequality and public health*, pp. 65-82. Policy Press, 2009.
799 Coggon, John, and Jean Adams. "'Let them choose not to eat cake...': Public health ethics, effectiveness and equity in government obesity strategy." *Future Healthcare Journal* 8, no. 1 (2021): 51.

portion cap rule or free refill ban attempts in NY and Massachusetts) and proposed caps on sugar contents in school meals have not been without controversy.[800] Similar concerns over paternalism were also raised in the context of the campaigns studied. Overall, the US has thus typically relied on low-coercive interventions to improve health (as have many other countries), such as information campaigns that rely on voluntary behaviour change. Though some evidence has shown awareness campaigns on sugar reduction can have an impact on behaviour change and health, many have expressed concerns about using this approach to deal with obesity equitably. Some have noted for instance, that text-based policies like media campaigns were likely to exclude non-English speakers,[801] though, in some cases like the POTP campaign in NY, Spanish was also included on the posters. Others have stated *"community-based programmes, social marketing campaigns and associated media focussing on the undesirability of obesity are poorly supported by existing evidence, and have the potential for harm."*[802] In addition, that such media-based strategies have shown serious limitations in dealing with "high-risk" obese patients.[803,804,805] Moreover, that the messages used in the campaigns are more likely to be heeded by those with high levels of education while people with lower education levels were less likely to change their behaviours following campaigns.[806,807,808,809] Some also note that downstream individual-focused policies like mass media campaigns showed

[800] Crawford, Elizabeth. "Stricter school meal standards could require reformulation to lower sodium, fat and sugar." *Food Navigator USA*, 2023, accessed September 2023, https://www.foodnavigator-usa.com/Article/2023/02/03/stricter-school-meal-standards-could-require-reformulation-to-lower-sodium-fat-and-sugar

[801] Krieger, James, Sara N. Bleich, Stephanie Scarmo, and Shu Wen Ng. "Sugar-sweetened beverage reduction policies: progress and promise." *Annual Review of Public Health* 42 (2021): 447.

[802] Walls, Helen L., Anna Peeters, Joseph Proietto, and John J. McNeil. "Public health campaigns and obesity-a critique." *BMC public health* 11, no. 1 (2011): 4.

[803] Friedman, Jeffrey M. "Modern science versus the stigma of obesity." *Nature medicine* 10, no. 6 (2004): 563-569.

[804] Stice, Eric, Heather Shaw, and C. Nathan Marti. "A meta-analytic review of obesity prevention programs for children and adolescents: the skinny on interventions that work." *Psychological bulletin* 132, no. 5 (2006).

[805] Wilding, J. P. H. "Treatment strategies for obesity." *Obesity reviews* 8 (2007): 137-144.

[806] Tichenor, Phillip J., George A. Donohue, and Clarice N. Olien. "Mass media flow and differential growth in knowledge." *Public opinion quarterly* 34, no. 2 (1970): 159-170.

[807] Ceci, Stephen J., and Paul B. Papierno. "The rhetoric and reality of gap closing: when the" have-nots" gain but the" haves" gain even more." *American Psychologist* 60, no. 2 (2005): 149-160.

[808] Viswanath, Kasisomayajula, and Karen M. Emmons. "Message effects and social determinants of health: Its application to cancer disparities." *Journal of communication* 56, no. suppl_1 (2006): 238-264.

[809] Niederdeppe, Jeff, Michael C. Fiore, Timothy B. Baker, and Stevens S. Smith. "Smoking-cessation media campaigns and their effectiveness among socioeconomically advantaged and disadvantaged populations." *American Journal of Public Health* 98, no. 5 (2008): 916-924.

mixed results, and could in some cases, decrease,[810] and others, increase inequalities.[811,812] Furthermore, such campaigns could also lead to the stigmatisation of obese people, thus reinforcing inequities.[813,814,815] Finally, that, individuals who have higher consumptions of unhealthy products (like SSBs or alcohol) tend to exhibit more reactance to messages dis-incentivising their consumption.[816,817,818] Where those individuals are those from already disadvantaged categories of the population, this may contribute to exacerbating inequities. Governments should therefore be particularly careful about using the rhetoric of equity promotion when justifying and introducing such campaigns or high-agency policies. As long as Liberal ideas remain the dominant view, public health ambitions will clash with aspirations for agency, free choice and freedom from governmental interference.

Communitarianism, Trust and Equity Promotion

Besides providing a counter perspective in ethical debates, it has also been argued some Communitarian public health ideas can be better suited to the promotion of equity than Liberalism. Gavin Mooney wrote extensively on this subject. He explored how Communitarian claims can help solve issues linked to healthcare provision and priority setting, for example, by allowing for a more equitable process of resource allocation and determination of healthcare goals.[819] He notes for instance, that communities are often better placed to understand their own healthcare needs

---

[810] Capacci, Sara, and Mario Mazzocchi. "Five-a-day, a price to pay: an evaluation of the UK program impact accounting for market forces." *Journal of health economics* 30, no. 1 (2011): 87-98.
[811] McGill, Rory, Elspeth Anwar, Lois Orton, Helen Bromley, Ffion Lloyd-Williams, Martin O'Flaherty, David Taylor-Robinson et al. "Are interventions to promote healthy eating equally effective for all? Systematic review of socioeconomic inequalities in impact." *BMC public health* 15, no. 1 (2015): 1-15.
[812] Estaquio, Carla, Nathalie Druesne-Pecollo, Paule Latino-Martel, Luc Dauchet, Serge Hercberg, and Sandrine Bertrais. "Socioeconomic differences in fruit and vegetable consumption among middle-aged French adults: adherence to the 5 A Day recommendation." *Journal of the American Dietetic Association* 108, no. 12 (2008): 2021-2030.
[813] Puhl, Rebecca, Joerg Luedicke, and Jamie Lee Peterson. "Public reactions to obesity-related health campaigns: a randomized controlled trial." *American journal of preventive medicine* 45, no. 1 (2013): 36-48.
[814] Puhl, Rebecca M., and Chelsea A. Heuer. "Obesity stigma: important considerations for public health." *American journal of public health* 100, no. 6 (2010): 1019-1028.
[815] Carter, Stacy M., Lucie Rychetnik, Beverley Lloyd, Ian H. Kerridge, Louise Baur, Adrian Bauman, Claire Hooker, and Avigdor Zask. "Evidence, ethics, and values: a framework for health promotion." *American journal of public health* 101, no. 3 (2011): 465-472.
[816] Dillard, James Price, Jinyoung Kim, and Shu Scott Li. "Anti-sugar-sweetened beverage messages elicit reactance: Effects on attitudes and policy preferences." *Journal of health communication* 23, no. 8 (2018): 703-711.
[817] Bensley, Lillian Southwick, and Rui Wu. "The role of psychological reactance in drinking following alcohol prevention messages 1." *Journal of Applied Social Psychology* 21, no. 13 (1991): 1111-1124.
[818] Pavey, Louisa, Paul Sparks, and Susan Churchill. "Proscriptive vs. prescriptive health recommendations to drink alcohol within recommended limits: Effects on moral norms, reactance, attitudes, intentions and behaviour change." *Alcohol and alcoholism* 53, no. 3 (2018): 344-349.
[819] Mooney, Gavin. "Communitarian claims and community capabilities: furthering priority setting?." *Social science & medicine* 60, no. 2 (2005): 247-255.

and thus distribute resources.[820] More relevant however, are his discussions on how Communitarian understandings of health can lead to greater trust in health systems and institutions. He distinguishes between institutional and generalised trust.[821] The former represents the extent to which individuals perceive (health) institutions as benevolent, competent, reliable and responsible.[822] The latter, relates to the pervasiveness of trust in a society, i.e., the willingness of citizens to be concerned and trust other members of society who are in some sense, different.[823] Generalised trust is an important civic concept and has been linked to positive outcomes like entrepreneurship, volunteering, self-rated health, and happiness.[824]

He criticises Liberalism for failing to *"handle the empirical fact that citizens achieve their identity through participating in various collectivities,"*[825] and writes that equity, as a social phenomenon, is more apparent in Communitarian societies, which recognise this role of communities in the lives of individuals. He argues a lack of institutional trust in health can create barriers to accessing healthcare and that these barriers affect groups to different extents. *"When […] patients or citizens do not trust 'the system', i.e., where there is a lack of trust in the institution of health care, this creates barriers to use. When further they do not trust the person or persons, such as the doctor or the nurse, who offers treatment, still other barriers arise."*[826] Yet this institutional distrust is rarely observed equally across a population. Rather, it is likely to be most obvious in those who are disadvantaged, vulnerable or have been historically oppressed.[827] This means that people who suffer socio-economic disadvantages are less likely to be trustful of health institutions and thus less likely to benefit from potential care and policies (particularly those that require high-agency). Yet Communitarian societies (Mooney focuses on those in Scandinavia) have higher levels of institutional trust. These countries also tend to have fewer health inequalities (though those inequalities are not necessarily accurate measures of equity) than other countries

820 Mooney, Gavin. "'Communitarian claims" as an ethical basis for allocating health care resources." *Social science & medicine* 47, no. 9 (1998): 1171-1180.
821 Mooney, Gavin, and Shane Houston. "Equity in health care and institutional trust: a communitarian view." *Cadernos de Saúde Pública* 24 (2008): 1162-1167.
822 Spadaro, Giuliana, Katharina Gangl, Jan-Willem Van Prooijen, Paul AM Van Lange, and Cristina O. Mosso. "Enhancing feelings of security: How institutional trust promotes interpersonal trust." *PloS one* 15, no. 9 (2020): 3.
823 Mooney and Houston, "Equity in health care and institutional trust," 1162.
824 Carl, Noah, and Francesco C. Billari. "Generalized trust and intelligence in the United States." *PloS one* 9, no. 3 (2014): 1.
825 Mooney and Houston, "Equity in health care and institutional trust," 1163.
826 Ibid.
827 Ibid., 1164.

(e.g., in healthcare access).[828,829] This suggests there may be some relation between institutional trust in health organisations and equity.

Yet, for Mooney, part of this institutional trust, comes from the higher generalised trust Communitarian societies also enjoy. He suggests both these forms of trust are significant in addressing inequity. *"In the context of equity in health care, this generalized trust might enhance willingness to subscribe, perhaps through a tax-based health care system, to the provision of health care of these others who are different."*[830] As pointed out by Uslaner: *"trust may make a society healthy and wealthy (if not wise). When people trust each other, they are more likely to accommodate others' preferences."*[831] Mooney relies on the case of Scandinavian countries, *"renowned for their 'Scandinavian solidarity'"*,[832] and where levels of both generalised and institutional trusts are high. As legitimacy is particularly important to meeting the goals of health systems and institutions (including on the policy side), the mutual understanding, reciprocity and trust that prevails in these Communitarian societies is particularly helpful. Overall, he argues that *"where societies or social entities have a greater concern for mutuality, reciprocity, and sharing and also have a more optimistic view of their future, trust in institutions is likely to be fostered and equity in health care will be a more likely outcome for that society."*[833] Disadvantaged groups stand to gain the most from such conceptions of health as they face the largest current barriers and inequities in health.

Similar ideas are applicable to the field of food policy. Firstly, if it is that such Communitarian societies are linked to higher levels of generalised trust, it may then be that citizens are more likely to accept interventions, which improve the health of others, despite some cost to them. For instance, SSB taxes and tariffs such as the ones studied in the PICs, were mainly aimed at those who consume large quantities of SSBs and are thus more likely to incur a cost on the health system. However, the generally healthy consumer who moderately consumed SSBs, was still subject to the price increase. In a system with pervasive generalised trust, individuals will be more likely to accept policies they see as beneficial to others, even when these also affect them. Citizens may be willing to make sacrifices to improve the health of others, even when they are not the group with reference to whom the policy is justified. Equally, if such an approach to health leads to higher levels of trust

---

828 Barber, Ryan M., Nancy Fullman, Reed JD Sorensen, Thomas Bollyky, Martin McKee, Ellen Nolte, Amanuel Alemu Abajobir et al. "Healthcare Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: a novel analysis from the Global Burden of Disease Study 2015." *The lancet* 390, no. 10091 (2017): 231-266.
829 Organization for Economic Co-operation and Development. "Health for Everyone?: Social Inequalities in Health and Health Systems." (2019).
830 Mooney and Houston, "Equity in health care and institutional trust," 1162.
831 Uslaner, Eric M. "Democracy and social capital." *Democracy and trust* 121 (1999): 126.
832 Mooney and Houston, "Equity in health care and institutional trust," 1163.
833 Ibid., 167.

in health institutions (including governmental ones), citizens are more likely to approve of policies set forth by governments (where they believe these to be benevolent and reasonable). This, in turn will improve health, especially for those who engage in the targeted behaviours, who might otherwise experience reactance. Media campaigns, such as the ones in NYC might have been more effective at improving health and reducing inequity, in societies like those of Scandinavia. Where citizens of disadvantaged socio-economic groups are more likely to accept the claims and messages of health institutions and where citizens are more likely to approve policies based on the needs of others, equity is more likely to be promoted. Further research on the effect of trust in policies to promote equity would be useful in order to substantiate these ideas.

The Capability Approach

Perhaps one of the most influential recent theories seeking to inform the promotion of equity however, has been the Capability Approach, mainly developed by Amartya Sen and Martha Nussbaum. Though the Capability Approach is distinct from Communitarianism as a theory, it bears a number of similarities in the topics it focuses on, notably, the role of communities in the development of capabilities and equity. It has also been a subject of study for Communitarians like Mooney. This approach centres on the idea the opportunity for individuals to achieve well-being is essential to leading a good life and this well-being should be understood in relation to their capabilities. This approach notes that the "*well-being or quality of life of a person, and judgements about equality or justice, or the level of development of a community or country, should not primarily focus on resources, or on people's mental states, but on the effective opportunities that people have to lead the lives they have reason to value.*"[834] This theory provides a framework to judge policies and social arrangements in relation to the well-being, opportunities and equity of citizens as seen through capabilities.[835] The key question to ask when comparing societies and equity is thus: *"What is each person able to do and to be? In other words, the approach […] is focused on choice or freedom, holding that the crucial good societies should be promoting for their people is a set of opportunities, or substantial freedoms, which people then may or may not exercise in action: the choice is theirs."*[836]

Sen has been reluctant to set out a list of capabilities that ought to be included in this approach.[837] However, Nussbaum makes an interesting distinction between two types of capabilities: internal (personal) and combined capabilities, which she defines as *"the freedoms or opportunities created by a*

[834] Robeyns, Ingrid. "The capability approach in practice." *Journal of political philosophy* 14, no. 3 (2006): 351.
[835] Robeyns, Ingrid. "The capability approach: a theoretical survey." *Journal of human development* 6, no. 1 (2005): 93-117.
[836] Nussbaum, Martha C. *Creating capabilities: The human development approach*. Harvard University Press, 2011, 26.
[837] Sen, Amartya. "Human rights and capabilities." *Journal of human development* 6, no. 2 (2005): 151-166.

combination of personal abilities and the political, social, and economic environment."[838] These combined capabilities are important in achieving well-being. For instance, while many may be internally capable of taking part in politics or practising a religion, they might not be able to do so because the environment in which they find themselves does not allow this.[839] Thus, though institutions and societies should be organised in such a way as to develop internal capabilities, equally they should foster the political, social, economic and cultural environments in which these can be exercised. Where two people have the same internal capabilities, their respective socio-economic background and environment may not enable them to exercise those capabilities equally. Just as internal capabilities must be addressed to promote equity, so must these contexts, to create combined capabilities. In the context of obesity, while interventions like education, nutritional guidance or awareness campaigns can develop internal capabilities, these can only effectively be exercised within a context that makes it possible. The case of the PICs is an interesting illustration of this. The influence of trade and Western economies on these islands led to environments where locally grown traditional crops became more expensive than processed and imported HFSS foods and where the dominant food cultures became influenced by industry advertising and fast foods. In this case, over the years, exercising internal capabilities to be healthy became significantly more difficult as environments incentivised the opposite. Liberal approaches to policy generally focus on the development of internal capabilities (e.g., through education), yet, without trying to develop the contexts in which these can be best exercised. However, in most cases, promoting equity will entail supporting both individual and community capabilities.

Mooney draws on the Capability Approach to show its relevance to Communitarian equity promotion: "*The process of nurturing both the individual and the community in a communitarian approach at least presents an opportunity for communities and individuals to develop equal capabilities. This is particularly important for those communities who have been disabled – in terms of capabilities – for historical reasons or because of the social structure.*"[840] Yet attempting to develop the capabilities of such communities requires some understanding of the group characteristics and identity, which contribute to their being disadvantaged. For instance, addressing the health inequities that Black Americans face (e.g., by living in more obesogenic environments[841,842]) would be difficult without some understanding of

[838] Nussbaum, *Creating capabilities,* 28.
[839] Ibid., 29.
[840] Black and Mooney, "Equity in health care from a communitarian standpoint," 198.
[841] Bell, Caryn N., Jordan Kerr, and Jessica L. Young. "Associations between obesity, obesogenic environments, and structural racism vary by county-level racial composition." *International Journal of Environmental Research and Public Health* 16, no. 5 (2019).
[842] Townshend, Tim, and Amelia Lake. "Obesogenic environments: current evidence of the built and food environments." *Perspectives in public health* 137, no. 1 (2017): 38-44.

the communities in which they live and which influence the combined capabilities they have. In addition, by looking at Communitarian ways of thinking about health issues, policymakers can incorporate community values, ideas and goals in the design of policy and practice of healthcare. Increased self-governance of communities in health could also be beneficial as their shared ideas, issues, and values could ensure strong communities are sustained and act in understanding of their social and health interests. For instance, Taylor argues public reflections and community scrutiny can lead to just solutions.[843] It is in this sense Communitarianism holds there is no ideal universal public health intervention that will suit every community. Instead, health interventions aiming to promote equity should bear social meanings in the communities where they are used, be suited to local beliefs of what is fair and adapt to their respective environments in order to foster the opportunities of individuals to exercise their internal capabilities to be healthy.

Conclusion

Though heavily discussed in both public and policymaking discourse, the concept of equity is not always clear. Equally, while both civil society and governments wish to see it improved, how it ought to be promoted and whether claims made about equitable interventions are true, is also less clear. This chapter has thus attempted to provide additional clarity to this concept. Firstly, by drawing out a rough account of the term and in particular, its different components. I conclude health equity to be unfair health inequalities, where the concept of fairness will depend on a number of elements and conceptions of justice related to communities. These group considerations are important in evaluating the relations between policies and equity, as what inequalities are perceived as inequitable will depend on the nature of associations, understandings of fairness, valued goods and community standards. This chapter also argued that while public health is often driven by Liberal values, notably with an important focus on individual rights, that these views have generally hindered the promotion of equity. I propose that some elements of Communitarianism enable distinctive ways of thinking about policies and their relation to equity by highlighting how certain goods matter to its promotion. Liberal values and the focus on the respect of liberty, autonomy, agency and free choice have often led countries to adopt low-coercive interventions. Yet such interventions can often increase inequities. I suggest that reflecting on this debate through certain Communitarian ideas is beneficial in both supporting the goals of public health and equity. I also reiterate the claims of Mooney that looking at Communitarianism can be helpful in thinking about the links between trust and equity.

---

[843] Taylor, Charles. "Atomism" In *Powers, Possessions and Freedom: Essays in Honour of C.B. Macpherson* edited by Alkis Kontos. Toronto: University of Toronto Press, 1979: 39-62.

Finally, I discuss the Capability Approach and how this theory is useful in the promotion of equity, particularly when looking at the concept of combined capabilities and the need to secure environments in which citizens can exercise their internal capabilities to be healthy. In all these cases, I attempted to discuss these ideas in relation to the case studies of sugar policies, including the media campaigns in NYC and taxes in PICs. Overall, while the Liberal conception of respect of persons is valuable, political theories like Communitarianism demonstrate how other perspectives on the justifications for policies are also useful for policymakers and highlight how adopting different political argumentative stances can be helpful in thinking about public health.

Chapter 10 – Liberty and Health

Introduction

The extent to which governments are legitimate in restricting individual freedom for the good of the community is one of the central controversies of public health.[844] While restricting freedom for those causing direct harm to others has long been accepted, restrictions become more controversial when the harm is less direct or obvious, in particular, measures to prevent individuals from harming themselves can prove especially contentious. The desire for individual liberty leads some to feel governments ought to do little to regulate or shape lifestyles in favour of public health.[845] This means few ethical concepts are as discussed as liberty in policymaking, by policymakers, the public, industries and academics alike. These discussions have been obvious across countries in the context of food and sugar policies. Yet, notions of liberty are value-laden and countries can have different expectations of both the extent, and ways in which they wish to see their governments promote it (though this does not change the meaning of liberty itself). In addition, diverse political traditions and histories have led some populations and thinkers to pay heavier attention to different aspects of freedom (I use freedom and liberty interchangeably in this chapter), from freedom of expression or choice to economic freedom or capabilities. In any case, the notion of liberty plays a key role in both the justifications for, and the arguments against policies.

An extensive Liberal literature has covered the topic of liberty and the unacceptability of its infringement and paternalism. These ideas are often reflected in public health discourse. The Nuffield Council on Bioethics intervention ladder for instance, highlights that implementing increasingly intrusive interventions implies some *"erosion of individual freedom"*.[846] The ladder reflects the idea that the respect of liberty should come before public health concerns.[847] Some have noted this limited view could only be adopted by the libertarian, who sees liberty-maximisation as the main condition for human flourishing.[848] However, many health advocates have challenged the view liberty should necessarily take precedence over health and either argued that the promotion of both are compatible or for the legitimacy of curtailing liberty in favour of public health, e.g.,

---

[844] Schneider, Mary-Jane. *Introduction to public health*. Jones & Bartlett Learning, 2020, 18.
[845] Beauchamp, Dan E. "Public health and individual liberty." *Annual review of public health* 1, no. 1 (1980): 121.
[846] Nuffield Council on Bioethics. "Public health: ethical issues." *Cambridge Publishers Ltd* (2007): 41.
[847] Ibid., 41-43.
[848] Dawson, Angus J. "Snakes and ladders: state interventions and the place of liberty in public health policy." *Journal of Medical Ethics* 42, no. 8 (2016): 513.

where restricting liberty is necessary to protect the community from the costs of individual actions. If a community is expected to fund treatments, often through taxes, it also ought to decide on what it is willing to fund and the extent to which it accepts limitations on freedom to limit these costs.[849] For instance, Beauchamp argues laws that restrict liberty in favour of public health are most needed for common behaviours that carry small risks. While the risk to individuals of driving without wearing a seatbelt is minimal, society's aims to prevent numerous deaths and injuries in car accidents outweighs the inconvenience of wearing seatbelts and thus justifies coercing individuals into wearing one.[850,851]

Overall, the concept of liberty and the extent to which it can be constrained is central to public health debates. This is no exception in food policy. Sen accurately notes *"freedom and ethics are [...] very practical matters in the determination of food policy",*[852] in that, understandings of freedom matter in the determination and acceptability of these policies, as they ultimately need to be justified by reference to what societies consider valuable and how such interventions can enhance these valuable goods.[853] Thus, "*the perspective of freedom, with its diverse elements, is much too important to be neglected in the making of food policy. Food and freedom are both central concerns in human life, and they have links that are both crucial and diverse."*[854]

As such, this chapter will explore the different conceptions of liberty and their relevance to food policy. I begin by highlighting the relevance of freedom in the context of the case studies and the narrative around them. I then explore the different conceptions of liberty in political theory and why these are useful. Indeed, discussions around the justifiability of interventions that affect liberty will require some consideration of the meanings and concepts associated with the term. In addition, some of the elements and ways of thinking about liberties (and their infringement) make more of a difference to the justifiability of interventions, while the various conceptions of liberty will be appropriate in different contexts. Understanding these contexts is particularly important in assessing whether interventions are justified. I therefore explore these conceptions and how/where they can be most useful in dealing with policy issues.

---

849 Schneider, "Introduction to public health," 7.
850 Ibid., 20.
851 Beauchamp, Dan E. "The health of the republic: Epidemics, medicine, and moralism as challenges to democracy." (1988).
852 Sen, Amartya. "Food and freedom." (1987): 2.
853 Ibid., 7.
854 Ibid., 23.

Liberty and the Case Studies

Discussions around liberty heavily featured in the justifications and narratives around the policy case studies studied in this thesis.

In NYC, the various policies to tackle obesity (including the awareness campaigns), were met with criticisms that they violated freedom. The Centre for Consumer Freedom (CCF) heavily denounced these different interventions. In response to the Pouring on the Pounds (POTP) campaign, they launched their own, 1 million dollar counter-campaign to portray the Governmental interference as an assault on freedom of choice, which they published in a number of media sources like the NY Times and The Post (see images).[855]



Source: The Centre for Consumer Freedom.

Image 1: Big Apple or Big Brother?[856]*; Image 2: You are too stupid.*[857]

Martosko, director of research at the CCF, criticised government attempts in the US to influence consumer behaviours when it came to food, including the Obama administration: *"this is a guy who*

[855] Bennett, Chuck. "Sweet' revenge vs. Mike." *The New York Post*, 2009, accessed September 2023, https://nypost.com/2009/10/02/sweet-revenge-vs-mike/
[856] Available: https://consumerfreedom.com/print-ad/big-apple-or-big-brother/
[857] Available: https://consumerfreedom.com/print-ad/you-are-too-stupid/

wants to have unprecedented levels of control over what you do, how you eat, what you drive."[858] He equally denounced the use of nudges to shape eating habits: *"Mr. Sunstein has already decided that you and I are basically animals, we're basically pieces of meat, so the government should basically tell you what you can do."*[859] A number of other organisations like the American Beverage Association, the National Restaurant Association and the National Association of Theatres also objected to the health campaigns in NYC.[860] The ABA stated the *"messages being spread about beverages by the New York City Department of Health and Mental Hygiene are so over the top that they are counterproductive to serious efforts to address a complex issue such as obesity."*[861] Such arguments are common in food policy discourse, particularly in the US.

In the case of the proposed SSB cap in NYC, a study found one of the most common arguments used to reject the policy, was it constituted an illegitimate interference with freedom of choice and a slippery slope to government encroachment of liberty.[862] Bloomberg responded to the claims, noting these policies did not stop people from consuming unhealthy foods/drinks, but merely sought to highlight how they could be detrimental to health.[863] Yet his term as mayor was marked with limited success in the introduction of sugar reduction policies, as lobbies and interest groups shaped the discussions of these policies around ideas of paternalism and a nanny-state, set on *"depriving individuals of the right to self-determinations and the fundamental freedoms associated with market economies."*[864]

Similar concerns were raised in Chile, despite the relatively un-coercive nature of the FOP labelling, designed to help consumers identify HFSS products. Such arguments were brought up in relation to freedom of choice and expression. For instance, mothers in lower socio-economic groups, interviewed about the policy, noted the law had diminished their freedom of choice by preventing them from giving unhealthy snacks to their children, since these could be taken away at school,

---

858 Bernstein, Richard. "Fighting for the Right to Drink Soda." *The New York Times,* 2009*,* accessed September 2023, https://www.nytimes.com/2009/10/08/us/08iht-letter.html
859 Ibid.
860 Hansan, Kylee. "Are you Pouring on the Pounds?" Civics and Rhetoric Life. *Pennsylvania State University*, 2013, accessed September 2023, https://sites.psu.edu/hansanrcl/2013/10/16/are-you-pouring-on-the-pounds/
861 Nestle, Marion. "The Beverage Association responds." Food Politics, 2009, accessed August 2023, https://www.foodpolitics.com/2009/09/the-beverage-association-responds/
862 Roberto, Christina A., and Jennifer L. Pomeranz. "Public health and legal arguments in favor of a policy to cap the portion sizes of sugar-sweetened beverages." *American journal of public health* 105, no. 11 (2015): 2183-2190.
863 Bateman-House, Alison, Ronald Bayer, James Colgrove, Amy L. Fairchild, and Caitlin E. McMahon. "Free to consume? Anti-paternalism and the politics of New York City's soda cap saga." *Public Health Ethics* 11, no. 1 (2018): 45-53.
864 Ibid, pp.51.

and some defended the view that *"sometimes it is good to spoil children with 'junk food'."*[865] The food industry also lobbied against the policy, presenting it as an unjustified interference with freedom and proposing and alternative FOP labelling. This contributed to delays in the implementation of the law.[866] There were also worries the labelling could violate free-trade agreements and the rights of companies to advertise and differentiate their products. *"It was raised that this could be unconstitutional, [...] as it could violate the freedom of companies and enterprises."*[867] Overall, a number of food companies, politicians and organisations opposed the policy, arguing the law *"violates freedom of expression, disregards the principle of self-responsibility and does not grasp the complexity of food advertising."*[868] Some politicians claimed the intervention would also fail to fulfil its aims and prevent people from reasonably and freely choosing products.[869] Others claimed the opposite by arguing the labelling would promote liberty and equity by improving access to information.[870,871]

In the UK, the political narrative around the new HFSS restrictions, which include both restrictions on the placement of HFSS foods in shops and their advertising, also featured a number of discussions around freedom. For instance, debates around the bill in Parliament focused on the justifiability of government intervention in freedom of speech (here advertising and product placement) and the free market. Lord Black of Brentwood stated this policy *"sets a hugely dangerous precedent for the Government to interfere with advertising freedoms, which are a fundamental aspect of freedom of expression. This is bad legislation. [...] It will disproportionately affect news publisher websites, too. This blunderbuss*

---

865 Correa, Teresa, Camila Fierro, Marcela Reyes, Francesca R. Dillman Carpentier, Lindsey Smith Taillie, and Camila Corvalan. "Responses to the Chilean law of food labeling and advertising: exploring knowledge, perceptions and behaviors of mothers of young children." *International Journal of Behavioral Nutrition and Physical Activity* 16, no. 1 (2019): 6.

866 Mialon, Mélissa, Camila Corvalan, Gustavo Cediel, Fernanda Baeza Scagliusi, and Marcela Reyes. "Food industry political practices in Chile:"the economy has always been the main concern"." *Globalization and Health* 16 (2020): 2.

867 Ibid., 7.

868 Corvalán, Camila, Marcela Reyes, María Luisa Garmendia, and Ricardo Uauy. "Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labeling and Advertising." *Obesity reviews* 14 (2013): 84.

869 Cooperativa.cl., "Empresas dicen que etiquetado de alimentos atenta contra la "libertad"." *Cooperativa.cl*, 2015, accessed September 2023, https://cooperativa.cl/noticias/pais/salud/alimentos/empresas-dicen-que-etiquetado-de-alimentos-atenta-contra-la-libertad/2015-06-27/094750.html

870 Méndez, Claudio. "Etiquetado nutricional de los alimentos: ¿libertad sin equidad?" *El Mostrador*, 2014, accessed August 2023, https://www.elmostrador.cl/noticias/opinion/2014/12/12/etiquetado-nutricional-de-los-alimentos-libertad-sin-equidad/

871 Arrabal, Victoria. "El etiquetado genera libertad." *Página 12,* 2021, accessed September 2023, https://www.pagina12.com.ar/331994-el-etiquetado-genera-libertad

of a ban will reduce freedom of choice for advertisers and harm the ability of news media publishers to monetise content online, which is crucial for their long-term survival."[872]

Conversely, the Baroness Bennett of Manor Castle disputed the claim by arguing that "*the freedom of the advertisers to push on to children whatever they want to push"*, should be set against *the "the freedom to flourish and live a healthy life with a decent lifespan."*[873] The freedom of choice of consumers was also brought up in discussions of the legislation, in particular, in evaluating what it meant to have free choice when influenced by other determinants like cost. Baroness Walmsley stated: *"the Government talk about willpower, information and education for consumers, yet we have had health education in school for years, as well as food labelling. It has not worked. When the soft drinks levy was introduced, Liz Truss objected, saying that people should be free to choose. However, the problem is that people are not free to choose healthy food because they cannot afford it; they can only afford cheap calories. In some housing estates, almost the whole row of shops consists of junk food outlets. Where is the choice there? It is a matter not of will power but of affordability and availability."*[874] It was also noted these measures did not so much reduce freedom of choice as enable it: *"there is no doubt that in-store promotions are incredibly effective in influencing what we buy. [...] So, yes, it is right to take action to address this situation, not by limiting people's freedom of choice but instead by supporting them to make healthier choices."*[875] The narrative of enabling choice was, in fact, a main rhetoric strategy used to justify the implementation of the policy as it appears consistently across related government documents. The official DHSC guidance on the restrictions claims: *"the aim of our policy is to make the healthier choice the easier choice for families and reduce the constant promotion of less healthy foods."*[876] In addition, that: *"the aim of this policy is to shift the balance of promotions towards healthier options [...] to make it easier for parents to make healthier choices when shopping for their families by encouraging*

---

[872] House of Lords. *Health and Care Bill*. Volume 818: debated on Friday 4 February 2022. London: Department of Health & Social Care, 2022, accessed August 2023, https://hansard.parliament.uk/Lords/2022-02-04/debates/4E575108-AD20-4C30-9F49-00957E3A0294/HealthAndCareBill

[873] Ibid.

[874] House of Lords. *Government Food Strategy*. Volume 822: debated on Monday 13 June 2022. London: UK Parliament, accessed September 2023, https://hansard.parliament.uk/lords/2022-06-13/debates/232E73AD-84CA-4D19-87EC-5D1E6E639AD8/GovernmentFoodStrategy

[875] House of Lords. *Food (Promotion and Placement) (England) Regulations 2021*. Volume 816: debated on Tuesday 23 November 2021. London: UK Parliament, accessed September 2023, https://hansard.parliament.uk/lords/2021-11-23/debates/E2361007-9F39-4157-B1C7-95797CC1402E/Food(PromotionAndPlacement)(England)Regulations2021

[876] Department of Health & Social Care. *Restricting Promotions of Products High in Fat, Sugar or Salt by Location and by Volume Price: Implementation Guidance*. London: Department of Health & Social Care, updated June 2023, accessed August 2023, https://www.gov.uk/government/publications/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price-implementation-guidance

retailers to use promotions for healthier foods.'[877] Many policymakers supported this set of interventions, on the grounds they enabled freedom, rather than diminished it.

In all these cases, discussions around liberty and in particular, free choice played a role in shaping the different policies, whether to justify or oppose them. However, other aspects of freedom were also discussed, such as the relation between freedom of expression and free markets, as well as the rights of citizens to live lives free from unnecessary governmental or industry influence. This partly shows the complexity of addressing this issue in policymaking, as conceptions of liberty are diverse and involve different components (e.g., freedom of choice, expression etc.). In particular, there is an important distinction to be made between liberty *from*, and freedom *to*, that is apparent in the case studies, with on one hand, American actors seeking liberty through the absence of government interference, while policymakers in the UK promote policies as a way to enhance freedom. The term is therefore not always clear when it comes to policy, despite its central feature in political narratives. Yet, understanding what elements of liberty matter and in which contexts, is key to understanding whether policies are justified with regard to their effects on freedom. The following sections thus present the main accounts of liberty in political literature and why these are useful.

Conceptions of Liberty

An Introduction to Liberty

Conceptions of liberty and related ideas have varied greatly, both historically, culturally and by writer, making the term difficult to grapple with. Hayek once noted that *"'freedom' and 'liberty' are now words so worn with use and abuse that one must hesitate to employ them.'*[878] Hayek wrote this in reference to the fact that, in the first half of the 20th century, these words no longer seemed to be associated with the meanings for which they stood during the period of classical Liberalism. Rather, with the rise of socialist movements, liberty had instead come to be associated with freedom from necessity or the compulsion of circumstances (though this particular conception was far from new).[879]

Yet even during the period which Hayek was referring to, there was no consensus as to what the term meant. For instance, even in the early 19th century, freedom bore a different meaning in the German and Anglo-French traditions.[880] Going further back, even the Athenian philosophers'

[877] Ibid.
[878] Hayek, Friedrich. A. *The Road to Serfdom.* Text and Documents: the Definitive Edition. London: Taylor & Francis Group, 2007, 68.
[879] Ibid., 94.
[880] Berlin, Isaiah. Freedom and Its Betrayal: Six Enemies of Human Liberty, edited by Henry Hardy. Princeton: Princeton University Press, 2014, 53.

understanding of the term was distinct in its own right. Although for Aristotle, freedom implied the ability to live as one liked, the term also heavily revolved around political participation. As pointed out by classical scholar Martin Ostwald: *"Aristotle […] looks on freedom as the individual's membership card in society. […] The only "privilege" a free citizen can be said to enjoy is the time (honor) of holding office."*[881] Looking at the relation between freedom and public policy will thus entail an examination of these different conceptions and how they matter to policy justification. Should we understand liberty merely as the absence of coercion and interference? Should economic freedom be one of the guiding principles by which we judge liberty (as economists like Hayek believed)?[882] Or can interference from governments also help secure the conditions necessary to be free? Finally, should advocating for freedom entail privileging one account above others, or should each of these be looked at differently, depending on the area and goals of the policy at stake? The following discussion aims to provide answers to these questions, especially where these can be useful in assessing the justifiability of sugar reduction policies.

Negative Liberty

An Outline of Negative Liberty

Perhaps the most common way in which liberty is understood is by its negative account. That is, the Liberal view that, individuals are freest under minimal governmental interference in private, economic and social affairs. And that, to favour liberty, it is essential to place strong limitations on the activities and power of the State.[883] Berlin defined the concept of Negative Liberty in his *Two Concepts of Liberty*. Although not the first to discuss these conceptions of freedom, his examination of them has become one of the most influential in modern political theory. Like Hayek, Berlin noted the plurality of accounts of the term had *"cast a dark cloud on the subject."*[884] Berlin, like other political philosophers, was concerned with the issue of coercion, which he took to mean the "*deliberate interference of other human beings within the area in which I wish to act*".[885] For him, the central aim of political theory was to answer the question of the degree of coercion is legitimate for states to use in individual lives, as well as set out which areas ought to be subject to this control. He noted many philosophers, like Locke, Paine, Bentham or Mill had been concerned with this issue of state coercion and believed freedom was to be judged based on the extent to which states

[881] Ostwald, Martin, and Mogens Herman Hansen. "Liberty, Equality, and the Ideals of Greek Democracy." *Ancient Greek Democracy: Reading and Sources* (2004): 164.
[882] Hayek, Friedrich August. *Individualism and economic order*. University of Chicago Press, 1980.
[883] Carter, Ian. "Positive and negative liberty." *Stanford Encyclopedia of Philosophy* (2003).
[884] Berlin, "Freedom and Its Betrayal," 181.
[885] Ibid., 182.

interfered with individual activities. Where an individual was prevented from doing what they liked, they were to a degree *unfree*.[886]

For writers like Berlin or Mill, Negative Liberty mainly consists in the absence of barriers or constraints towards doing what one wishes, i.e., the absence of coercion of the individual. While other conceptions of liberty focus more heavily on the role of groups or communities, Negative Liberty is mainly an individual-focused concept.[887] The term also implies some degree of deliberateness in preventing one from acting. Natural or unintentional effects of socio-political institutions that make individuals worse off are not generally considered coercive. Rather, oppression occurs, Berlin says, when "*I am being prevented from acquiring the objects that I desire by a deliberate plan on the part of certain other human beings, which they desire to implement but to which I am hostile.*"[888]

Freedom, for classical Liberals, rests on the lack of interference between two agents or between the Government and the individual. In this sense, one may still be "free", even in a situation where one's actions are severely limited. For instance, while extreme poverty can prevent people from acquiring the goods they desire and acting in certain ways, so long as this poverty is not a result of deliberate institutional or individual attempts to keep the person in this condition, they are still "free". Classical Liberals grant little to no importance to the material conditions of agents in their negative conception of liberty, though some have tied their conceptions to economic elements like the existence of free markets, competition or property rights. Berlin points out that, while Negative Liberty might justify placing some limits on the actions of states to protect private lives, it alone cannot be a good measure of freedom of choice. "*To offer political rights or safeguards against intervention by the State to men who are half-naked, illiterate, underfed and diseased is to mock their condition; they need medical help or education before they can understand, or make use of an increase in their freedom. What is freedom to those who cannot make use of it? Without adequate conditions for the use of freedom, what is the value of freedom?*"[889] It is also noteworthy that the principle of non-interference of states is still, to an extent, compatible with despotism or autocratic governance, for instance, if a Liberal-minded despot, does little to interfere with their citizens. In this case, citizens can still be said to enjoy a degree of freedom under a Negative conception.[890] Thus, the essence of Negative Liberty rests on the notion of the absence of deliberate and unjustified (as I come to explain) coercion in the lives of individuals. The philosopher whose writings perhaps best exemplify this conception, as well as being one of

[886] Ibid., 181-182.
[887] Carter, "Positive and negative liberty."
[888] Berlin, "Freedom and Its Betrayal," 183.
[889] Ibid., 185.
[890] Ibid., 192.

the most heavily cited, is Mill, whose account is presented in *On Liberty*. *On Liberty* sets out an account of liberty, its potential threats and identifies the position of the individual with regard to the State. Mill defines the aim of his essay in this passage, which I quote at length:

"The object of this Essay is to assert one very simple principle [...]. That principle is, that the sole end for which mankind are warranted, individually or collectively, in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinions of others, to do so would be wise, or even right. These are good reasons for remonstrating with him, or reasoning with him, or persuading him, or entreating him, but not for compelling him, or visiting him with any evil in case he do otherwise. To justify that, the conduct from which it is desired to deter him must be calculated to produce evil to someone else. The only part of the conduct of any one, for which he is amenable to society, is that which concerns others. In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign."[891]

Mill highlights a few key notions for the concept of Negative Liberty, including, firstly the idea of the sovereignty of the individual, i.e., each person ought to have control over themselves and has a right to their liberty that cannot be overridden by reference to their own good or that of others (unless the exercise of that liberty is harming others). Mill argues the good of the individual does not provide sufficient warrant to coerce them, as persons are better placed to know what is good for themselves than others. "*Each is the proper guardian of his own health, whether bodily, or mental and spiritual. Mankind are greater gainers by suffering each other to live as seems good to themselves, than by compelling each to live as seems good to the rest."*[892] On this basis, Mill rejects hard paternalism. He does however, set some exceptions as to when paternalism and coercion can be justified, notably, with the Harm Principle (HP). The HP states coercion can be justified when used to prevent direct harm to others. This principle forms an important tenant of Liberal political theories. *"Acts, of whatever kind, which, without justifiable cause, do harm to others, may be, and in the more important cases absolutely require to be, controlled by the unfavourable sentiments, and, when needful, by the active interference of mankind. The liberty of the individual must be thus far limited; he must not make himself a nuisance to other people."*[893]

State intervention therefore serves as a way to preserve the liberty of the individual when threatened by others. Mill does distinguish between harm and simple offense, which should not

[891] Mill, John Stuart. *On Liberty* (1859). Batoche Books, 2001,13.
[892] Ibid., 16.
[893] Ibid., 52.

be prevented as harm is.[894] Moreover, he does distinguish between different forms of interference. For instance, while one ought not to coerce or force an individual to act or think in any particular way, it is acceptable to reason with them or attempt to persuade them of something. This distinction is perhaps best illustrated with his unstable bridge example. In this example, he explains it is valid to attempt to reason with and discourage someone who wishes to cross an unstable/unsafe bridge. Moreover it is even legitimate to seize him and turn him back without warning if the time does not permit to explain the situation, *"for liberty consists in doing what one desires, and he does not desire to fall into the river."*[895] Protecting individuals who are endangering themselves involuntarily based on false beliefs or because of a lack of information is thus still be permissible under the HP. Finally, a lack of intervention can in some cases, also be considered harm, particularly when a person is in a dangerous position. This is referred to as the Samaritan Duty. For instance, failing to help a drowning child would not count as preserving their liberty, as they did not choose to be in that position and intervening, in fact, prevents harm. So, *"even if restrictions on A's freedom, requiring him to benefit B, cannot be justified on grounds of preventing A from harming B, they may nonetheless be justified on the grounds of preventing harm to B."*[896] There are thus two important aspects of Mill's HP, the first, sets to prevent one agent from harming others, while the second seeks general harm prevention.[897]

Mill therefore sets some limits to individual liberty and provides justifications for interventions that interfere with freedom but that he believes reduce unintended harm and help sustain collective capacity to be free. His account of Negative Liberty as the absence of coercion mainly focuses on the concept of harm and conscious, rational choices (it is more permissible to interfere with liberty where individuals do not wish for a particular outcome). Yet, outside of this, individuals should be free to pursue their life-plans to the greatest extent, un-interfered with by the State or others. His account of Liberty is a cornerstone of the Liberal tradition and common public view of liberty. This notion has also been highly influential with later writers. As such, this account is undeniably important to the understanding of the relation between liberty and policy.

Negative Liberty and Health Policy

If we take the negative view of liberty, it appears many food policies interfere with the freedom of the public. Since, as Mill argues, "*each is the proper guardian of his own health, whether bodily, or mental and*

[894] Brink, David. "Mill's moral and political philosophy." *Stanford Encyclopedia of Philosophy* (2007).
[895] Mill, *On liberty*, 88.
[896] Brink, "Mill's moral and political philosophy."
[897] Ibid.

spiritual"[898], governments should refrain from using interventions which prevent rational agents from harming themselves. Freedom *from* government intervention should be sustained in order to maintain freedom of choice. This severely limits the scope for public policy interventions. However, supporters of the negative view of liberty will not object to interventions that merely aim to inform, e.g., food labelling. Mill himself contended reasoning with others or providing information did not constitute a violation of their liberty, partly, since a lack of information can lead to choices a person does not rationally want. For instance, where tooth decay caused by high-sugar consumption is a result of the lack of knowledge of the link between the two, providing information would not constitute excessive interference. Of course, in practice, even in the context of such information policies, those who embrace Negative Liberty have raised concerns about infringements on freedom e.g., if the food labelling appears more persuasive than informative as in the case of the Chilean health warnings or the NYC awareness campaigns on sugar, which rely on a fear-based approach to reduce SSB consumption. As mentioned, these views are reflected in the Nuffield Council on Bioethics ladder of intervention, which suggests stricter interventions involve some erosion of individual freedom,[899] while the more coercive interventions are, the more these will need to be outweighed by other justifications. For instance, some have argued liberty-limiting policies to curb obesity are justified when we consider obesity as an emergency and the high risks/costs associated with it if left untreated.[900] However, overall, attempts to respect the intervention ladder has been generally framed as incompatible with the introduction of effective health policies.[901] From this perspective of liberty, few health interventions are thus considered acceptable, including the different excise taxes and bans on "junk foods" in the Pacific Islands or policies like bans on VMs (though Liberals would likely be more accepting of them when directed at children, as in the case of France). However, policies that aim to increase what Mill considered the capacity for self-determination,[902] can be acceptable so long as their advocates demonstrate how these neither coerce people into adopting behaviours and demonstrate they increase capacity for self-governance and rational decision-making.

The conception of Negative Liberty, fundamental to political theory, is important in the analysis of the justifiability of interventions. However, it is mainly helpful in looking at the freedoms which

[898] Mill, *On liberty*, 16.
[899] Nuffield Council on Bioethics. "Public health: ethical issues." *Cambridge Publishers Ltd* (2007): 41.
[900] Herington, Jonathan, Angus Dawson, and Heather Draper. "Obesity, liberty, and public health emergencies." *Hastings Center Report* 44, no. 6 (2014): 26-35.
[901] Dawson, Angus J. "Snakes and ladders: state interventions and the place of liberty in public health policy." *Journal of Medical Ethics* 42, no. 8 (2016): 510-513.
[902] Powers, Madison, Ruth Faden, and Yashar Saghai. "Liberty, mill and the framework of public health ethics." *Public Health Ethics* 5, no. 1 (2012): 6-15.

can only be guaranteed through an absence of interference, as opposed to instances where the securing or promotion of liberties are dependent on capabilities and environments that can only be best achieved through effective intervention. This means that, in areas where freedom(s) can only reasonably be secured through a lack of influence or coercion, such a conception will be the main one by which interventions need to be justified. For instance, securing freedom of religion mainly requires an absence of interference, coercion and restrictions, whether on the part of the State or others, for one to enjoy it. In this case, while the State can ensure citizens do not interfere with others' ability to practice their faith (in a similar way to the HP), it must also ensure a lack of interference on its part. In this context, the role of the State is mainly to remain neutral to different faiths, while safeguarding the context in which they can be practiced freely. This is equally true for other freedoms like association, speech or movement. Similarly, in these other examples, though the practice of these also requires some State protection (e.g., laws protecting freedom of speech), where there are significant restrictions or coercion from the Government, individuals cannot be said to enjoy that freedom fully. Here, governments should not attempt to regulate the way that these liberties are practiced but merely ensure they *can* be exercised. In that sense, the optimal outcome in the case of freedom of speech or religion, is one where one is not interfered with when exercising that freedom (unless one causes harm in doing do). It is in assessing such freedoms that the conception of Negative Liberty will be most useful. Conversely, for many other aspects of life and policy, e.g., education, security or health, optimal outcomes cannot be the product of a lack of intervention, rather, optimal outcomes will be the product of deliberate attempts for improvement and securing of these goods. This requires government interference. In these latter instances, on which I will say more in the Positive Liberty section, the conception of Negative Liberty will not be the main conception by which policies should be justified, as it is largely incompatible with their promotion.

Free Market Liberty

An Outline of Free Market Liberty

Though many thinkers have shared Mill's view of liberty as negative, noteworthy perhaps are those who have also fundamentally tied it to economic concepts. For instance, Locke famously claimed that, independently of the laws of a society, every man had a right to life, liberty and property.[903,904] This view that personal freedom and property were linked came to be particularly influential in American political thought.[905] More recently, however, economists and political thinkers like

[903] Tuckness, Alex. "Locke's political philosophy." *Stanford Encyclopedia of Philosophy* (2005).
[904] Locke, John. *Two treatises on civil government*. Vol. 9. G. Routledge and sons, limited, 1887.
[905] Cranston, Maurice. "Locke and liberty." *The Wilson Quarterly (1976-)* 10, no. 5 (1986): 82.

Hayek have associated the concept of liberty with free market ideals, though his conception of freedom was still rooted in its Negative sense:

"*We are concerned [...] with that condition of men in which coercion of some by others is reduced as much as is possible in society. This state we shall describe throughout as a state of liberty or freedom."*[906] In addition, *"it is often objected that our concept of liberty is merely negative. This is true in the sense that peace is also a negative concept or that security or quiet or the absence of any particular impediment or evil is negative. It is to this class of concepts that liberty belongs: it describes the absence of a particular obstacle—coercion by other men.*"[907]

Yet for Hayek, securing freedom and achieving economic efficiency went together. For him, the central economic problem of societies was the question of how to best organise the use of resources for citizens, who are the only agents in a position to know their relative importance.[908] Hayek reiterates Locke's view of the importance of property in helping individuals use resources in ways that help them reach their goals. He characterises property as the only solution that reconciles the issue of individual liberty with the absence of conflict.[909] Hayek's interest in freedom mainly stemmed from a defence of the benefits conferred by market forces, rather than a mere affirmation of an intrinsic value of liberty.[910] His work features many claims that economic freedom is the most essential component of liberty. For instance, he declares: *"in economic matters we are free to decide what to us is more, and what less, important. [...] To be controlled in our economic pursuits means to be always controlled [...]."*[911] Hayek attached little importance to autonomy or political liberties, focusing almost entirely on the economic aspect of freedom, in particular the adoption of property, free enterprise, competition and limited governmental control over economic activity.[912] As pointed out by Raz, *"F. A. Hayek, [...] drew on the impossibility of marshalling all the information required for the successful governing of a society in any way other than through the invisible hand of the market and the free interaction of people generally."*[913] Hayek's arguments, in large part, were targeted at centralised planning, which he believed diminished freedom, by subjecting majorities to the wills of a small number of individuals. *"Hayek argued that such an abandonment of individualism leads not only to a loss of freedom and the creation of an oppressive society, but also, ultimately, to totalitarianism, with the individual trapped in a state of*

[906] Hayek, Friedrich A. *The Constitution of Liberty*. The University of Chicago Press, 1960, 57.
[907] Ibid., 69-70.
[908] Tomasi, John. *Free market fairness*. Princeton University Press, 2012, 19.
[909] Ibid.
[910] Gamble, Andrew. "Hayek and Liberty." Critical Review 25, no. 3-4 (2013): 342.
[911] Hayek, *The Road to Serfdom*, 126.
[912] Gamble, "Hayek and liberty," 346.
[913] Raz, Joseph. *The morality of freedom*. Clarendon Press, 1986, 7.

serfdom. With each intervention by the state, the citizen loses a little more freedom."[914] Critics of Hayek have pointed out that his defence of economic liberty as submission to market forces fails to account for the potential negative impacts these can, and often do, have on societies:[915] "*if liberalism has a future it must be in rejecting Hayek's (inconsistent) identification of personal freedom with submission to inherited traditions and market forces. It must acknowledge that market institutions, like democratic institutions, are [only] means to human ends [...].*"[916] Hayek's view of liberty, is interesting for a number of reasons. Firstly, it is unique in setting out a conception of freedom, less rooted in political ideology, than in economic doctrines. In his view, even autocratic governments and institutions could still sustain liberty for their citizens where they adopted market ideals, a somewhat *laissez-faire* approach to economics and so long as they also respected the Negative Liberty of their citizens. This view of freedom is also interesting as it came to be highly influential with politicians like Thatcher and Reagan and subsequent thinkers.

Friedman for instance, also shared many of these views, including the idea there was an intimate connection between economics and liberty and that only certain economic arrangements could guarantee individual freedom.[917] However, Friedman believed economic freedom was an end in itself and indispensable towards achieving political freedom.[918] Yet, similarly, he argued historical evidence suggested the important link between political freedom and the existence of a free market and that capitalism was a necessary condition to reach political liberty.[919] *"I know of no example in time or place of a society that has been marked by a large measure of political freedom, and that has not also used something comparable to a free market to organize the bulk of economic activity."*[920] The adoption of free market ideals is thus intrinsically tied to Friedman's conception of liberty. For him, arguments against the free market stem from a lack of belief in freedom itself, since the market is the only process that gives people what they wish for, rather than what others believe they ought to have.[921] However, Friedman did not believe such a conception of freedom should eliminate the need for government entirely, as governments remain necessary to enforce the *rules of the game* and act as umpires to the market.[922] Yet, that the market provides the best form of political representation

---

914 Yueh, Linda., 2018. "Friedrich Hayek's devotion to the free market." *The Times Literary Supplement* (2018), accessed October 2023, https://www.the-tls.co.uk/articles/hayek-devotion-free-market/
915 Gray, John. *Hayek on liberty*. Routledge, 2013, 142.
916 Ibid., 153.
917 Friedman, Milton. *Capitalism and Freedom*. 40th Anniversary Edition. The University of Chicago Press, 2002, 8.
918 Ibid.
919 Ibid., 10.
920 Ibid., 9.
921 Ibid., 15.
922 Ibid.

for citizens.[923] *"By removing the organization of economic activity from the control of political authority, the market eliminates this source of coercive power. It enables economic strength to be a check to political power rather than a reinforcement."*[924] He also believed this model of freedom was most in the interest of those who have historically been subject to discrimination and oppression.[925] Friedman is both a good example of this equation between freedom and markets and of the Liberal ideology, concerned with the limitation of the concentration of power in the State. He argues against assigning to government any task that can be fulfilled by the market, as this creates potential threats to freedom by replacing cooperation with coercion,[926] and believes freedom is mainly to be found through the promotion of economic doctrines.

This view of freedom as a product of markets and the benefits they confer still resonates in a number of countries, particularly the US, where, for instance, the actions and influence of firms on individuals are held to different standards to those of the Government. While food interventions like the ones presented in these cases often prove controversial, similar-commercial influence from companies do not (e.g., advertising). This reflects the view citizens ought to be free *from* governmental interference, while the freedom of firms to operate is merely instrumental in the provision of liberty and benefits to societies. This conception is thus also significant in understanding the relation between freedom and policy and must be kept in mind when trying to assess the role of policymakers in shaping economic liberties.

Free Market Liberty and Health Policy

Through this view of freedom as tied to economic dogma, the question of coercion and whether policies limit liberty changes. Here the State acts as protector of the market, ultimately guaranteeing freedom for citizens i.e., *"the preservation of freedom is the protective reason for limiting and decentralizing governmental power."*[927] This particular conception of freedom rests on a *laissez-faire* view of the interaction between firms and the State. However, health policies, including all the ones studied, will, to an extent, interfere with companies' capacity to act in the way they wish. In Chile, concerns were raised the labelling and marketing regulations restricted firms' abilities to advertise and differentiate their products. Equally, in the UK, supermarkets and retailers now face restrictions as to how they can display their products. Taxes also influence the capacity of companies to sell their products at "market price", thus affecting sales. As seen in the examples of the case studies,

[923] Ibid.
[924] Ibid.
[925] Ibid., 21.
[926] Ibid., 39.
[927] Ibid., 3.

these concerns over governmental interference in markets are well reflected in political discourse, for instance, when Lord Black of Brentwood stated this meddling with companies would set a dangerous precedent for government interference in the private sector in the UK. In this case, concerns over the policy were partly economically driven, with fears of potential financial impacts on retailers, yet also driven by fear of the impacts of State involvement in markets on freedom of choice and economic liberty.

Most supporters of the view that markets and liberty are tied have usually defended the importance of markets on instrumental grounds, i.e., arguing economic liberty serves liberties more generally, though some Liberals have also defended the view of economic liberty as a natural right.[928] Yet most economists and thinkers have tended to focus on the former. Mill, for instance, writes *"property is only a means to an end, not itself the end."*[929] Similarly, Keynes only saw economic liberties as valuable to the extent they enabled societies to solve economic issues.[930] In the *Economic Possibilities for Our Grandchildren*, he predicted that in the future, economic problems such as those relating to scarcity would have been solved. He argued that the economic freedoms associated with capitalism, including property ownership and free markets, are not inherently valuable, but only valuable so long as they can help in solving these issues. Like Mill, he believed these were only means to an end. He noted how problematic practices that enable the important accumulation of capital could be and how these could be unjust. Therefore, once societies had accumulated enough wealth to solve some of these economic issues and satisfy basic needs, they would be able to discard these unjust economic practices. He writes *"all kinds of social customs and economic practices, affecting the distribution of wealth and of economic rewards and penalties, which we now maintain at all costs, however distasteful and unjust they may be in themselves, because they are tremendously useful in promoting the accumulation of capital, we shall then be free, at last, to discard."*[931] Similarly, Rawls also had an instrumental view of economic liberties. Rawls only recognised a few select economic liberties as *basic*[932] and did not believe that these liberties should be understood as equally important to other *basic liberties* such as freedom of thought, conscience, association or speech.[933] For him, economic liberties were only valuable to

928 Tomasi, *Free market fairness*, Introduction.
929 Mill, John Stuart. *Principles of political economy: with some of their applications to social philosophy* (1848). Vol. 1. Longmans, Green, Reader, and Dyer, 1871, 138.
930 Tomasi, *Free market fairness*, 44.
931 Keynes, John Maynard. "Economic Possibilities for our Grandchildren (1930)." In The Collected Writings of John Maynard Keynes, edited by Elizabeth Johnson and Donald Moggridge. *Royal Economic Society*, 1978: 329.
932 Tomasi, *Free market fairness*, 44.
933 de Marneffe, Peter. "Basic Liberties." In *The Cambridge Rawls Lexicon*, edited by Jon Mandle and David A. Reidy, Cambridge: Cambridge University Press, 2014: 47.

the extent that they contributed to the well-being of citizens, particularly the least well-off.[934] He also did not believe economic liberties were necessary for the exercise and development of moral capacities, a sense of justice or a conception of the good. Therefore, he does not include them in the first principle of fairness and excludes them from the list of the basic liberties not to be sacrificed. "*The right to own certain kinds of property (e.g., means of production) and freedom of contract as understood by the doctrine of laissez-faire are not basic; and so they are not protected by the priority of the first principle."*[935] In addition, Rawls mainly leaves decisions as to how to regulate these liberties, to officials and legislators, rather than a pre-existing conception of justice.[936]

Through this instrumental view of the value of markets and economic freedoms, we can be more accepting of the restrictions placed upon them in order to achieve health. Economic liberties and freedoms associated with markets should only be worth respecting, so long as these serve the general welfare of society. Where markets fail to deliver benefits, restrictions are warranted. Free markets can and do have important negative externalities when it comes to population health and the provision of public goods is perhaps one of the most common examples of a market failure. Where the State is the guarantor of areas of policy like security, education or health, interventions will be required in markets where these have negative externalities such as those resulting from the consumption of sugar-related products. It is clear from the context of obesity that unregulated markets will seldom lead to the most optimal public health outcomes. At most, it can be said unregulated markets provide increased freedom of choice, understood in the sense of having a greater diversity of food options (and likely cheaper options) from which to choose. To some extent, this outcome is also worthy of some protection. However, it can rarely be said public health food interventions significantly reduce this diversity of food products. Information and nudge related policies do not restrict the capacity of companies to provide these products at all. Equally, it would also be hard to argue stricter policies like taxes or area/product specific bans, while potentially having a greater effect on prices, diminish the capacity of companies to offer this product diversity. Even when these interventions lead to reformulation or shifts in the types of products consumed, companies can still choose to offer them. Therefore, rare are the health interventions that significantly diminish this valuable outcome of markets.

If we take this instrumental view of the value of markets, it is difficult to argue any of the policies studied in this thesis, significantly restrict freedom, since their impacts are minimal on the

934 Rawls, John. *A theory of justice* (1971). Harvard University Press, 1999, 130-139.
935 Ibid., 54.
936 Tomasi, *Free market fairness*, 44.

freedoms/beneficial outcomes markets provide. This view justifies the use of restrictions on markets, where these fail to provide valuable goods like health (which are also important components of well-being and liberty), without this being understood as an assault on freedom. Even if we do believe such interventions interfere with markets in ways that restrict consumer freedom, this trade-off will need to be examined in relation to the benefits to population health conferred by the intervention. In this sense, policymakers can argue that, while strong restrictions on economic liberties would not be justified for small health gains, the opposite may be true. As noted by Tomasi *"libertarians and classical liberals, [...] have long defended the importance of individual liberty—including the freedom of individuals to make fundamental economic decisions according to their own values. However, they justify those economic freedoms in a way that makes them incapable of responding officially to the great ills that sometimes befall persons, or whole classes of persons."*[937] This is certainly true of public health. The market view of liberty is particularly useful when looking at policies that affect the way markets operate or how foods are sold or advertised, e.g., food labelling. To assess the justifiability of such policies on economic freedom, it is essential to take an instrumental understanding of the relation between economic liberties and the benefits conferred by markets. Where policies (overly) negatively affect the benefits conferred by the market, they will be less justified. Where they do not and contribute to securing important goods that would not be possible through free markets or without some regulation, these will be more justified. If a health intervention like labelling does not significantly decrease market benefits such as choice, food diversity and affordability, while enabling other important goods like improved health, the intervention will be justified according to this conception.

Republican Liberty

An Outline of Republican Liberty

A more recent conception of freedom worth examining is Republican Freedom, largely developed by Philip Pettit. Though it bears some similarities to both the Negative and Positive types of Liberty, this concept has a distinct meaning. Pettit describes the concept as follows:

"This conception is negative to the extent that it requires the absence of domination by others, not necessarily the presence of self-mastery, whatever that is thought to involve. The conception is positive to the extent that, at least in one respect, it needs something more than the absence of interference; it requires security against interference, in particular against interference on an arbitrary basis."[938]

[937] Ibid., 268.
[938] Pettit, Philip. *Republicanism: a theory of freedom and government*. Oxford University Press, 1997, 51.

This form of freedom focuses on *domination* and more specifically, the necessity for the absence of arbitrary domination in order to be free. Under such a conception, individuals are free to the extent others (including the State) do not have *"the capacity to interfere in their affairs on an arbitrary basis. […] We might equivalently say that freedom in the republican sense consists in the secure enjoyment of non-domination."*[939] Republican Liberty focuses on the nature of the social and power relations between groups and individuals and seeks to determine whether one agent has the capacity to arbitrarily dominate another as a measure of freedom. For Pettit, *"one agent dominates another if and only if they have a certain power over that other, in particular a power of interference on an arbitrary basis."*[940] He provides a more detailed explanation of what he considers domination under such a Republican conception of Liberty. I quote him here at length:

"While a dominating party will always be an agent—it cannot just be a system or network or whatever—it may be a personal or corporate or collective agent: this, as in the tyranny of the majority, where the domination is never the function of a single individual's power. And while a dominated agent, ultimately, will always have to be an individual person or persons, domination may be often be targeted on a group or on a corporate agent: it will constitute domination of individual people but in a collective identity or capacity or aspiration. There are three aspects to any relationship of domination. Putting the aspects starkly, and without yet adding glosses, someone has dominating power over another, someone dominates or subjugates another, to the extent that:

1 - They have the capacity to interfere;

2 - on an arbitrary basis;

3 - in certain choices that the other is in a position to make."[941]

Here, being "left alone" is not sufficient to be free. Under a Millian conception, it may be said a slave who is left alone by their master to live life un-interfered with, enjoys some degree of Negative Liberty. Yet, though the master does not necessarily come to use his power, he retains the ability to interfere with the slave arbitrarily. The slave is thus dependent on his master's good will to live as he does and in this sense, cannot be free (from a Republican view), since his liberty is dependent on another agent. Pettit also stresses the notion that, to be understood as domination, interference must generally tend to make things worse for individuals, rather than better, and that this interference should be intentional. It is harder to speak of domination if the interference happens by accident and therefore does not aim to reduce the liberty of the individual.

939 Lovett, Frank. "Republicanism." *Stanford Encyclopedia of Philosophy* (2006).
940 Pettit, *Republicanism*, 52.
941 Ibid.

Interference itself, as understood by Republicans, includes a number of things. These range from coercion of the body or the will to threats/punishment, manipulation or obstruction. It is therefore not limited to visible direct interference as is more often assumed in Negative Liberty. However, although interference involves an attempt to make an individual worse off, Pettit notes, it does not necessarily involve wrongful acts. One can in fact, coerce while not infringing on any legal or moral principles.

"I interfere with you if I destroy your custom by deliberately undercutting your prices […] whenever you try to sell your wares: and this, again, even if our market culture tolerates my behaviour. I even interfere with you if I stop you interfering with another, where my act is morally required, not just morally innocent. The notion of interference, as I employ it here, is entirely unmoralized: whether one person interferes with another is decidable without reference to whether any particular moral offence has occurred; it is decidable just in the light of the facts, albeit the facts as they are seen through the local cultural lens."[942]

Pettit claims the *arbitrary* component to be important in looking at liberty. *"What makes an act of interference arbitrary, [...] in the sense of being perpetrated on an arbitrary basis? An act is perpetrated on an arbitrary basis, we can say, if it is subject just to the arbitrium, the decision or judgement, of the agent; the agent was in a position to choose it or not choose it, at their pleasure."*[943] Thus, the slave owner has the ability to interfere at his pleasure with his slaves, just as an absolute ruler can interfere with his subjects. This highlights people can be dominated in some areas of their life, without necessarily be dominated everywhere. One can be dominated at work, at home or politically, while enjoying freedom in other areas. Where one is dominated, as well as the intensity of the domination will thus vary. Being dominated in certain key activities can also be more damaging or liberty-limiting than being dominated in others,[944] e.g., being dominated in one's job as opposed to being dominated in a club. Sustaining Republican Freedom therefore requires the establishment of a system that prevents the arbitrary domination of one over the other. *"Political freedom, […] is constituted by rightly-ordered laws, institutions, and norms: 'to enjoy such non-domination, after all, is just to be in a position where no one can interfere arbitrarily in your affairs,' […] 'and you are in that position from the moment that the institutions are in place' inhibiting possible arbitrary interference. Political freedom is most fully realized, on this view, in a well-ordered self-governing republic of equal citizens under the rule of law, where no one citizen is the master of any other."*[945] While Negative Liberty traditionally places limits on the extent of government action, this is not

[942] Ibid., 54.
[943] Ibid., 55.
[944] Ibid., 58.
[945] Lovett, "Republicanism."

necessarily the case in Republican Freedom, for which policies can be justified to shape the relations between persons.

Pettit encourages public discussions as means for groups and individuals to represent their interests. He notes the interests and ideas that guide and underpin the inner workings of the State must be open to questioning and challenging. *"People must find a higher-level consensus about procedures, or they must make room for secession or conscientious objection or something of that kind."*[946] For Pettit and other Republicans such as Skinner, political institutions are best checked by increasing public participation and the accountability of the executive power.[947] This participation and voicing of individual interests serves to limit the potential domination of governments. Some republicans like Skinner, believe we need institutions, which lead to more active self-government, even where this implies forcing individuals to perform their civic duties,[948] as failing to do so, can undermine liberty. In this sense, participation is both crucial to maintaining liberty by limiting domination and enabling the expression of ideas and interests. Many republicans subscribe to the view that power is not arbitrary so long as it rests on a democratic system of governance, as this merely means power is controlled by the group of persons to which the rules apply. *"The power of the state over its citizens will not be arbitrary, provided the people have an equal share in controlling how their state exercises its power."*[949] Public participation, rightly ordered justice systems and democratic processes therefore provide an answer to the issue of domination in Republican Liberty. This conception thus proposes ways to solve issues of domination that are useful in looking at policy, for instance, though public participation.

Republican Liberty and Health Policy

Respecting the republican conception of freedom as non-domination, entails the establishment of political institutions that protect one agent or group from arbitrarily interfering with another. For instance, Bellamy argues constitutions should be designed in ways that respect this concept of non-domination, notably through a balance of power between the branches of government.[950] More importantly in the case of the policies described in the case studies however, republicans argue that, in order to not violate the principle of freedom as non-domination, political issues should be solved through public deliberation, as this helps legitimise decisions amongst participants and gives

[946] Pettit, *Republicanism*, 56.
[947] Kukathas, Chandran. "Liberty." In *A companion to contemporary political philosophy* (2017): 695.
[948] Ibid., 695-696.
[949] Lovett, "Republicanism."
[950] Bellamy, Richard. *Political constitutionalism: a republican defence of the constitutionality of democracy*. Cambridge University Press, 2007, 176-208.

them a degree of ownership over solutions.[951] That is, the ability for public contestation and disagreement can lead to decisions that are more legitimate and acknowledge *"the equal moral right of all citizens to be regarded as autonomous reasoners."*[952] In that sense, deliberation should be inclusive and open to contestation from anyone, in order for decisions not to violate principles of non-domination: *"there must be a basis for contestation, a channel for the expression of dissenting voices and a forum where they can be met with a response."*[953] Republican liberty however, is not merely focused on the relation between states and individuals. Instead, it focuses on all instances in society where *"some individuals or groups within, [assume] arbitrary or uncontrolled powers over others."*[954] Republicans are thus not limited to examining the coercion from governments, but also address other issues, such as those linked to markets and economic freedom, for instance, submission to arbitrary domination at work or dependency on a particular agent to make choices (e.g., being dependent on charity to live).[955,956,957] Though this domination is complex in nutrition, we can argue food industries can be said to have such influence over consumers in certain contexts, for instance, in the Pacific Islands. As highlighted in the case study, food and beverage companies came to have a significant influence over what was consumed on the islands, through advertising, offering cheap foods local manufacturers could not compete with, funding many activities such as sports or education and interfering with politics. In this sense, these companies could be said to have some capacity for arbitrary domination over diets.

In the context of Republican Liberty, the issue of violation of liberty should be judged by reference to the issue of non-domination and the processes of creating, discussing and shaping policies through deliberation, inclusivity, transparency and democratic institutions. Girard points out that doing this will require policy decisions not entirely to be left to experts.[958] This particular conception adds participation to coercion as a main focal point in evaluating the level of liberty. This means, in democratic political systems with high (and good) levels of participation and deliberation, strict policies can be considered more compatible with freedom than low-coercive ones (which stemmed from a lack of this process). Significant restrictions can still be compatible

---

951 Ibid.
952 Ibid., 178.
953 Girard, Charles. "Making democratic contestation possible: public deliberation and mass media regulation." *Policy Studies* 36, no. 3 (2015): 287.
954 Lovett, "Republicanism."
955 Ibid.
956 Dagger, Richard. "Neo-republicanism and the civic economy." *Politics, philosophy & economics* 5, no. 2 (2006): 151-173.
957 Gourevitch, Alex. *From slavery to the cooperative commonwealth: labor and republican liberty in the nineteenth century*. Cambridge University Press, 2014.
958 Girard, "Making democratic contestation possible," 283-297.

with the Republican ideals of liberty, so long as these are significantly self-chosen. The more policymakers are accountable to citizens in their respective contexts, the more active the role of civil society in creating policies and the more robust democratic institutions are, the more it can be said policies are compatible with Republican liberty and the less they violate the consent of the governed. NY's court rejection of the sugar cap, following discontent regarding the policy, can be seen as a demonstration of institutions working in favour of public desires and thus sustaining Republican Liberty.[959] Processes which ensure Republican Liberty will contribute to policies being more politically justified, by being more democratic and in line with public wishes. This is, important in the overall justifiability of interventions and in policy practice, e.g., this will affect the likelihood of policies being accepted. However, political justifiability will not affect the ethical justifiability of these interventions, which can be, for instance, ethically unjustified even when widely accepted by the public or the product of deliberation.

Some have argued we ought to rely on this conception of freedom when looking at public health issues, for instance, suggesting it should be incorporated into the Nuffield ladder of intervention,[960] or that civic republicanism is better suited to address health issues such as the reduction of health inequities or the promotion of well-being.[961] Some have also stated this conception is particularly useful when looking at the dominance of certain industries on individual behaviours. Moore et al., write: "*the domination of the message by powerful industries, especially through the media, leaves little room for a comprehensive understanding of the issues by consumers."*[962] They note the mass-marketing campaigns and other tactics used by industries to increase consumer demand for products constitute a form of domination (though the degree of arbitrariness is often less clear).[963] The authors write that, through this influence, it is these industries that play the role of *"nanny"*, rather than the State.[964] As such, we should focus on the concept of domination, rather than interference when evaluating policies, noting the compatibility of public health interventions with this ideal of freedom:

"We have no reason to be afraid of the nanny state - particularly as public health professionals continue to value true freedom of choice. As long as they understand freedom in terms of preventing 'domination' rather than in terms

---

959 Grynbaum, Michael M. "New York's ban on big sodas is rejected by final court." *New York Times* (2014), accessed October 2023, https://www.nytimes.com/2014/06/27/nyregion/city-loses-final-appeal-on-limiting-sales-of-large-sodas.html

960 Griffiths, P. E., and Caroline West. "A balanced intervention ladder: promoting autonomy through public health action." *Public Health* 129, no. 8 (2015): 1092-1098.

961 Jennings, Bruce. "Public health and civic republicanism: Toward an alternative framework for public health ethics." *Ethics, prevention, and public health* (2007): 30-58.

962 Moore, Michael, Heather Yeatman, and R. Davey. "Which nanny–the state or industry? Wowsers, teetotallers and the fun police in public health advocacy." *Public health* 129, no. 8 (2015): 1032.

963 Ibid., 1030-1037.

964 Ibid., 1032.

of preventing 'interference'. [...] The same understanding teaches us the importance of being wary of the real nanny that dominates the least healthy products in our society – the various sectors of nanny industry."[965]

Others have also used this account to defend the acceptability of mildly paternalistic interventions, where these are neither arbitrary and are "*geared at the interest we all have in being agents of our lives rather than having others' determinations of what has value in life becoming normative for us."*[966] This is the value of policymaking: it reduces the influence firms can have on determining what individuals believe is part of a *normal* life. Restrictions on sugar-related advertising or awareness interventions about the harms of consuming SSBs do precisely this. They de-normalise and dis-incentivise certain behaviours and thus help secure *"the conditions for people [to be] able to engage in autonomous decision-making with respect to their health."*[967] Though it is true Republicans, like Classical Liberals, put much emphasis on the notion of rationally-informed well-being and ideal democratic processes,[968] the republican conception of liberty does suggest policies are more often acceptable than in the non-interference account, where these are compatible with non-domination and the outcome of deliberative and democratic participation. The republican account thus provides another useful theory to judge freedom-affecting interventions, by examining whether policies are consistent with public consent and ideas. This means the concept of Republican Liberty will be most useful where policymakers wish to assess or increase the political justifiability of policies. Public deliberation/contestation can help ensure policies are justified in the sense of being democratic and governments are accountable to citizens. This can provide arguments as to the legitimacy of both, the process of policy creation as well as their outcomes and can help secure public support for interventions. Overall, the republican conception of liberty is useful when trying to guarantee the political liberties of citizens and that their views are reflected in governance, though it will not guarantee policies are ethically justified.

Positive & Perfectionist Liberty

An Outline of Positive Liberty

The following section discusses conceptions of freedom associated with the Positive Liberty tradition as defined by Berlin. These accounts contrast with the view of liberty in its negative sense: freedom *from* State interference. Though positive views of liberty are perhaps less commonly held

[965] Ibid., 1035.
[966] Weinstock, Daniel. "Can republicanism tame public health?." *Public Health Ethics* 9, no. 2 (2016): 131.
[967] Ibid.
[968] Nielsen, Morten Ebbe Juul. "Republicanism as a paradigm for public health—some comments." *Public Health Ethics* 4, no. 1 (2011): 40-52.

than their negative counterpart, these accounts are relevant when looking at the justifications of public policies, particularly those typically understood as paternalistic.

I begin by discussing Berlin's account of the term. For Berlin, the positive sense of liberty emerges from the desire of individuals to be their own masters, to control their life and decisions, rather than be subject to external forces; in other words, *"to be moved by reasons, by conscious purposes which are my own, and not by causes which affect me […] from the outside".*[969] Yet, while we seek self-mastery, we are equally subject to our nature, passions or desires as well as the environments which affect our lives. As a result, individuals have often tried to "liberate" themselves from these factors, morally, politically, spiritually or even legally. Berlin notes Positive Liberty involves a distinction between a "lower" and "higher self". In his words: *"the real self may be conceived as something wider than the individual (as the term is normally understood), a social 'whole' of which the individual is an element or aspect."*[970] Positive Liberty refers to the state in which individuals have reached this higher self, however it is conceived. This account entails an answer to the question of how persons *ought* to be and that, if we accept the existence of a higher self, we should take steps towards reaching it. Berlin further notes that this quest to achieve Positive Liberty has taken two forms. *"The first, that of self-denial to attain independence; the second, that of conquest of obstacles in my path to attain the same end."*[971] The former is often seen in religious philosophies, while the second has been more obvious in the manifestation of political ideologies and State attempts to promote specific conceptions of freedom (as I will explore). Where creating or securing the conditions for liberty and autonomy require actively interfering with individuals, such efforts will relate to the notion of Positive Liberty.

These views of Liberty have been discussed by a number of thinkers. For instance, Positive Liberty has often been important in socialist theories, including for Marx, who, while not rejecting Negative Liberty, believed liberty was to be found in a collective sense, i.e., freedom and political emancipation could only exist in our relations with other people. Therefore, only as part of a community in which it was engaged, could the self be free: *"only within the community has each individual the means of cultivating his gifts in all directions; hence personal freedom becomes possible only within the community."*[972] Another key account of Positive Liberty is found the work of Rousseau. Rousseau saw liberty as an absolute ideal and spoke of it almost religiously. He believed no trade-offs ought to be made with liberty. To say someone was a man, was to say he was free, however, that one ought to have the right kind of life, if they were to be considered free.

---

969 Berlin, "Freedom and Its Betrayal," 195.
970 Ibid., 196.
971 Ibid., 199.
972 Marx, Karl, and Frederick Engels. *The German Ideology* (1932). New York: Prometheus Books, 1998, 86.

In *The Social Contract* he states*: "To renounce liberty is to renounce being a man, to surrender the rights of humanity and even its duties. For him who renounces everything no indemnity is possible. Such a renunciation is incompatible with man's nature; to remove all liberty from his will is to remove all morality from his acts."*[973]

It was also clear to him that it was impossible to declare freedom was the ability to do what one pleased, unconstrained by the State, as this was incompatible with living in societies, where only rules could ensure coexistence. From these two ideals of liberty and abidance to societal rules, Rousseau affirms his view of freedom: in choosing to obey laws, which one imposes to oneself, then, can individuals truly be free.[974] In such a society, people, driven by this common ideal, form the General Will. Where citizens *are* the State, freedom thus cannot be freedom *from* the State. It thus does not matter if the State needs to coerce some, since being coerced by a State one has chosen (and participates in) is no more than agreeing to follow self-chosen rules, i.e., *"In order then that the social compact may not be an empty formula, it tacitly includes the undertaking, which alone can give force to the rest, that whoever refuses to obey the general will shall be compelled to do so by the whole body. This means nothing less than that he will be forced to be free."*[975] However, Rousseau believed in democratic forms of government. His ideal of freedom could only be reached through a political system where citizens could participate and create the laws they had to follow. The creation of laws require citizens of a State to participate in its politics, rather than be governed by a ruler. Liberty is thus conditional to this capacity for participation[976] and must be the result of a democratic process. *"For Rousseau, a political community in which autonomy, and not merely negative freedom, is realized must be a democracy, in which individuals are simultaneously givers of the law and subject to it."*[977] Similarly to Pettit, Rousseau tries to solve the issue of the political justifiability of coercion through democratic values and political participation. If laws are merely an expression of the desires, ideas and values of citizens, it must be that following them constitutes self-rule. *"The law is the expression of the general will. All citizens have the right to contribute personally, or through their representatives, to its formation. It must be the same for all, whether it protects or punishes. All citizens, being equal in its eyes, are equally admissible to all public dignities, positions, and employments, according to their capacities, and without any other distinction than that of their virtues*

[973] Rousseau, Jean-Jacques. *The Social Contract and Discourses* (1762). Translated with an Introduction by G.D. H. Cole. London and Toronto: J.M. Dent and Sons, 1923, 10.
[974] Ibid., 18-19.
[975] Ibid., 18.
[976] Cohen, Joshua. "Autonomy and democracy: reflections on Rousseau." *Philosophy and Public Affairs* 15 (1986): 275-297.
[977] Neuhouser, Frederick. "Jean-Jacques Rousseau and the origins of autonomy." *Inquiry* 54, no. 5 (2011): 481.

and their talents."[978] Participation in civil society is thus central for the attainment of freedom.[979] Though the ideas of writers like Rousseau are perhaps less directly relevant now, many of the modern theories of freedom are related to such conceptions of Positive Liberty,[980] including, the much-discussed Capability Approach, and the one I will now discuss: the Perfectionist account of liberty.

An Outline of Perfectionist Liberty

Perfectionists like Raz have been more careful about giving a clear account of liberty. In fact Raz, is sceptical of providing a definition of the term, writing that while "a *voluminous literature on the concept of freedom has sprouted in the years since the publication in 1959 of Berlin's influential 'Two Concepts of Liberty' [...] neither a definition nor a conceptual analysis of 'freedom' can solve our problems."*[981] This reticence towards setting out a conception of liberty stemmed from his view that further analysis into the meanings of liberty would not answer the important questions linked to it, such as, *"which liberties are valuable, what counts as a restriction or interference with a person's freedom and how to judge what to do when considerations of freedom conflict with other considerations (which may or may not involve the interest of freedom in some other respect)."*[982] Raz was more interested in understanding the different components of liberty, how these ought to be valued in relation to each other and how these affect the ways in which the State ought to act. Moreover, he argued the search for liberty for many philosophers, had rather been a search for other political ideals, more so than liberty itself. Political thinkers have traditionally focused on understanding liberty insomuch as it relates to other concepts such as *"justice, equality, some list of rights such as the rights of freedom of worship, of expression and of association."*[983]

Raz tries to overcome the issue of previous philosophers, whose general focus on liberty rather than the different liberties make it difficult to see how they should be promoted or how to manage trade-offs between them. The Perfectionist analysis of liberty is therefore centred on an understanding of the different liberties and their value. For instance, he argues not all liberties are equally valuable.

"We feel intuitively that some liberties are more important than others. The restriction of the more important liberties is a greater restriction of liberty than that of the less important ones. [...] If the value of freedom depends on other

---

978 Swenson, James. *On Jean-Jacques Rousseau: considered as one of the first authors of the Revolution*. Stanford University Press, 2000, 163.
979 Affeldt, Steven G. "The force of freedom: Rousseau on forcing to be free." *Political Theory* 27, no. 3 (1999): 299.
980 Christman, John. "Freedom in Times of Struggle: Positive Liberty, Again." *Analyse & Kritik* 37, no. 1-2 (2015): 171-188.
981 Raz, *The morality of freedom*, 14.
982 Ibid., 16.
983 Ibid., 6.

values which having various freedoms serves, then freedom itself is not valuable. If liberty is intrinsically valuable then a theory of liberty will turn out not to be a theory of unrelated heterogeneous liberties. It will reveal the common thread which explains why the important liberties are important and why the others are not."[984]

If liberty is valuable, understanding it will entail some assessment of the different values of its components rather than as a whole. It is not enough to say liberty is of value when it is made up of multiple elements of heterogeneous value. Such a view does not help in setting out which freedoms take precedent over others and which ones are appropriate to restrict to protect others. For instance, Raz argues in favour of the value of freedom of expression, both as a public good (Raz does not argue it should be protected in reference to the individual right of the speaker) and in its importance to the survival of democratic systems. In addition, he notes even "bad speech" can often be part of a good way of life and must therefore not be censored. He further argues freedom of expression should be valued as "*a prerequisite of a democratic government; [...] as vital for the prosperity of a pluralistic culture; [...] as a crucial element in controlling possible abuses and corruption of power."*[985] Thus, this freedom ought to be an important foundation in the political and civic cultures of societies.[986] Raz therefore attaches a significant importance to this particular form of liberty, which he believes ought to be respected.[987] Even then however, he does not argue its value is universal or should never be restricted. Assessing the reasons for which it can (or shouldn't) be restricted or influenced will require an understanding of the value of other freedoms and their relation.[988] For instance, it might be wrong to restrict freedom of expression, not merely because of its value, but because this can lead to the reduction of other freedoms such as political freedoms or freedom of association. Conversely, though he believes many instances of "bad speech" should not be subject to censorship, since they can still be part of leading worthwhile lives, this does not mean freedom of expression should be defended at all cost. "Bad speech" should only be defended to the extent it is *"an expression or portrayal of something which is a part of a valuable way of life. Some ways of life are without redeeming features. Some of their aspects have no place in any worthwhile way of life."*[989] Though Raz does not give any specific examples of what the latter may be, we can easily imagine cases of cruel or harmful speech that do not reasonably feature in any conceptions of *the good life*. The capacity for racist speech, for instance, is not a valuable component of human flourishing. This instance could

[984] Ibid., 13.
[985] Raz, Joseph. "Free expression and personal identification." *Oxford J. Legal Stud.* 11 (1991): 324.
[986] Ibid.
[987] Ibid., 303-324.
[988] Ibid.
[989] Ibid., 319.

therefore justify some restrictions to freedom of speech, especially where such speech can impede on other's liberties (e.g., political or civic liberties).

Moreover, in his *Morality of Freedom*, Raz discusses different doctrines of liberty. Firstly, the doctrines of limited government, which hold governments can often pose a threat to liberty: one of the central doctrines of Liberalism. Conversely, Perfectionists like Raz, while recognising this potential threat, argue for a doctrine in which governments can create the conditions for liberty (as it regulates the threats to liberty posed by individuals, industries or other actors). This second doctrine "*regards liberty as sometimes threatened by individuals and corporations, not only by governments. It goes further and claims that though governments sometimes abuse their powers and trespass on individual liberty, in situations which are not all that rare they should act to promote freedom, and not only sit back and avoid interfering with it.*"[990] The Perfectionist doctrine presents itself as an alternative to the theory of limited government. It views liberty, as, in part, created and protected by governments while threatened by other actors. Perfectionist views of freedom share similarities with ideas of Positive Liberty, in that the conditions for such liberty arise from government intervention, rather than the lack thereof and that, in many cases, absence of state interference makes individuals less free. Perfectionism does not quite make the claim certain "higher" notions of the self are better than others, but it does claim certain goods and activities are more valuable in their contribution to human flourishing and leading worthwhile lives. As such, these ought to be promoted and protected by governments, unequally to those less worthy of being valued. In this case, government interventions are therefore central in leading individuals towards both *the good life* and being autonomous. Raz claims adopting such a doctrine is still compatible with following the (revised) Harm Principle, in order to limit unnecessary interventions. He makes the distinction between a narrow HP (as traditionally understood in Liberalism) and a broader one, which is compatible with Perfectionist doctrines. He sums it up as follows:

"To harm a person is to diminish his prospects, to affect adversely his possibilities. It is clear that supporters of the harm principle are also concerned with the prevention of offence and pain. It is not clear whether they extend it to encompass all forms of hurting or adversely affecting people. For clarity's sake we could distinguish between the narrow harm principle which allows coercion only for the prevention of harm in the strict sense of the word and the somewhat open-ended broad harm principle which allows coercion for the prevention of pain, offence and perhaps some other injuries to a person as well."[991]

[990] Raz, *The morality of freedom*, 18-19.
[991] Ibid., 414.

Thus, if the Government has the responsibility to promote freedom and autonomy, it ought to be allowed to use coercion both to stop actions that reduce these but also in order to take actions which might increase options and opportunities,[992] as, failing to improve a situation for citizens can sometimes be considered a harm. He thus, rejects the Liberal claim that, because morality is something on which objective judgment is impossible, the State should keep out of questions of morality and leave these matters for individuals to deal with.[993] Essential to Raz is also the notion of autonomy, which he believes freedom should serve. Raz's view of freedom is entirely rooted in his belief freedoms can contribute to autonomy, which he characterises as the capacity to determine one's life by oneself.[994] He notes: "*positive freedom derives its value from its contribution to personal autonomy"*,[995] including through inner capacities (e.g., cognitive abilities), character traits (e.g., stability or loyalty) and other elements like health or skills.[996] For him, individual autonomy is an essential element of *the good life* and thus ought to be promoted. The features of his doctrine of autonomy-based freedom are summed up in this following passage:

"First, its primary concern [the autonomy-based freedom] is the promotion and protection of positive freedom which is understood as the capacity for autonomy, consisting of the availability of an adequate range of options, and of the mental abilities necessary for an autonomous life. Second, the state has the duty not merely to prevent denial of freedom, but also to promote it by creating the conditions of autonomy. Third, one may not pursue any goal by means which infringe people's autonomy unless such action is justified by the need to protect or promote the autonomy of those people or of others."[997]

He adds that the promotion of autonomy ought to respect pluralistic morality and value pluralism if a society is to be considered free. One can therefore see some of the elements of Liberalism also present in the Liberal Perfectionist doctrines. Pluralistic cultures should be espoused "*to the extent of supporting competitive pluralism, and the autonomy-oriented conception of personal well-being."*[998] In this case, "*the role of government is extensive and important, but confined to maintaining framework conditions conducive to pluralism and autonomy."*[999] The role of the State is thus to take actions to enhance autonomy, as served by liberties. Perfectionist theory therefore uses elements present in both the accounts of Negative and Positive Liberty: negative in its espousing of value pluralism and respect of individual agency; positive in embracing a particular conception of the good it tries to further through the

[992] Ibid., 416.
[993] Raz, Joseph. "Liberalism, Skepticism, and Democracy." *Iowa L. Rev.* 74 (1988): 762.
[994] Raz, *The morality of freedom*, 407.
[995] Ibid., 409.
[996] Ibid., 408.
[997] Ibid., 425.
[998] Ibid., 427.
[999] Ibid.

promotion of certain activities and goods. Understanding liberty in Perfectionist theory requires understanding its components (e.g., option adequacy) and how these contribute to making individuals autonomous and improving their condition. An appreciation of this will help answer questions of when it is justified for the State to interfere with liberty and evaluate why, in some cases, this might entail going against individual choices.

Positive/Perfectionist Liberty and Health Policy

Positive conceptions of liberty are perhaps not as common to argue for in attempting to defend public health interventions, at least to the extent they pertain to notions of a "higher self".[1000] That said, some writers have expressively drawn upon this conception when looking at health policies and some arguments will sometimes reflect the ideas of this concept, often in response to the traditional Liberal view of liberty and its incompatibility with public health.[1001] Sen in particular, discusses this notion in the context of food policy, notably, when discussing opportunities, such as being free from hunger, or focusing on the capabilities people have with relation to food, i.e., "*what people are able actually to do or be, rather than what they are prevented by others from doing or being*"[1002], e.g., the positive freedom to lead a long life (which will partly depend on food).[1003] In this case, we can see longevity, to some extent as an indicator of achievement of this Positive Freedom, though, of course, this is not the only Positive Freedom that matters when we look at food, e.g., freedom from hunger or freedom from escapable morbidity.[1004] Other authors have also drawn upon this approach in specific ways, to justify health interventions. Véliz et al., have supported the concept of Positive Liberty in defending sugar taxes.[1005] Similarly, some have referred to this view to support other policies like nudges.[1006] In these cases however, authors discussing the concept of Positive Liberty are more focused on achieving specific kinds of liberties, rather than some overall ideal of it, as writers like Rousseau might have. Sen focuses on freedom in both the senses of freedom *from* obstacles (e.g., hunger) as well as freedom as understood through opportunities and capabilities, while Véliz et al., defend a particular conception of freedom of choice. As such, most of the current arguments revolving around Positive liberty rely on approaches that provide some discussion of the value of specific liberties, such as the Capability approach or the Perfectionist

---

[1000] Jennings, Bruce. "Public health and liberty: beyond the Millian paradigm." *Public Health Ethics* 2, no. 2 (2009): 123-134.
[1001] Ibid., 131.
[1002] Sen, "Food and freedom," 6.
[1003] Ibid., 9.
[1004] Ibid.
[1005] Véliz, Carissa, Hannah Maslen, Michael Essman, Lindsey Smith Taillie, and Julian Savulescu. "Sugar, taxes, & choice." *Hastings Center Report* 49, no. 6 (2019): 22-31.
[1006] Quigley, Muireann. "Nudging for health: on public policy and designing choice architecture." *Medical law review* 21, no. 4 (2013): 588-621.

interpretation of Positive liberty. That is, they rely on interpretations of which liberties are valuable, how these liberties relate to the value of other goods and an understanding of the legitimacy of the trade-offs between these.

Though he argues the values of liberties are heterogeneous, Raz does not specify their hierarchy. Unlike Rawls, Raz is reticent to establish a list of basic liberties, rather, choosing to focus on creating an ideal of an autonomous person (where liberty serves autonomy). He writes that the establishment of such an ideal can allow discrimination between valuable and worthless freedoms based on their contribution to autonomy.[1007] From this, it can then be established which political freedoms are more important. He also mentions the role of having an adequate range of options in order to be autonomous.[1008] However, Raz's doctrine of autonomy-based freedom does not extend to *"bad and repugnant"* options.[1009] Though individuals can autonomously pursue the bad, as the aim of the Perfectionist State is to enable citizens to have a good life, the State is not justified in protecting or preserving bad options that diminish autonomy.[1010] Overall, Raz therefore makes the task of identifying which liberties are valuable more difficult than Rawls, since he does not provide a list of them, but rather, the goals they should serve and according to which they should be judged. He does suggest from his writings that valuable liberties include freedom of expression, assembly, of the press, freedom of holding a religion, freedom from some interference (understood as a right to privacy) or discrimination.[1011] However, these freedoms are still conditionally valuable, depending on their contribution to public goods or culture, autonomy and *the good life*. Policies that support this ideal of autonomy can be said to be justified from a Perfectionist account. If we take (as Raz does) health to be an important component of autonomy, since it enables both agency and different aspects of autonomy (e.g., freedom of association or forming relationships) as well as partly defining the opportunities and options one has (e.g., health impacts what work one can do), then most of the policies studied in this thesis are justified.

It should not be controversial, for instance, that policies seeking to provide information about products contribute to improving individual capacity to make rational choices, as in the case of Chile. Arguably, the media campaigns used in the US (though there is something to be said about the scare tactics used) can also contribute to educating and improving information when it comes to the consumption of SSBs. Conversely, policies also respect the autonomy-based doctrine of

[1007] Raz, *The morality of freedom*, 246.
[1008] Ibid.
[1009] Ibid., 411.
[1010] Ibid., 412.
[1011] Ibid., 256.

freedom if these contribute to improving the options individuals have. In *Sugar, Taxes & Choice*, Véliz and her colleagues argue the Mexican sugar tax, by improving access to potable water, though potentially reducing the number of SSBs available, still contributed to increase the adequacy of options of citizens.[1012] The same can be said of taxes in the PICs, so long as these have not contributed to wipe out the availability of SSBs (they have not), and instead have contributed to improve other important components of autonomy like health. Finally, the mere fact health features as an important component of autonomy, can be sufficient for the Perfectionist State to promote it, to the extent its promotion does not reduce more important liberties. The ban on VMs in schools for instance, though by nature a restrictive policy, will remain justified so long as it promotes an essential component of *the good life* and/or eliminates less worthy options. I suggest junk foods in school are of the latter. As health is both a precondition for autonomy and well-being, the Perfectionist State can choose to defend this good through policies, by arguing for its importance in relation to other goods or by removing the less valuable options which hinder it. Similarly, Wall has argued the State should seek to discourage the bad as "*it is an unfortunate fact that in free societies some pursue lives of waste and ruin."*[1013] Though, to my knowledge, Wall has said nothing of the case of nutrition and obesity, he does discuss these ideas in the context of drug use and health, arguing the State should discourage the use of dangerous drugs, on similar grounds to Raz. However, he emphasises the State should only seek to do this, so long as discouraging drug use is compatible with its other responsibilities to promote well-being and autonomy. This excludes a number of tools that discourage such activities, such as those related to criminal law. For instance, he does not approve of putting individuals in jail for consuming drugs, since this would make them worse off in terms of both their autonomy and well-being.[1014] However, until states start imprisoning citizens for drinking SSBs or eating sugary snacks, this seems far removed from the context of food policy. Yet the promotion of health and discouraging of obesity through traditional food policies (i.e., non-extreme ones), seem perfectly compatible with Perfectionist doctrines of freedom.

Positive conceptions of liberty will be most useful to policymakers in contexts where State intervention is the most effective means of improving autonomy or specific liberties, i.e., by securing and protecting the goods, activities or capabilities that are essential for autonomy and liberties themselves. In many aspects of policy, optimal outcomes cannot be the product of a lack of intervention. Rather optimal outcomes will be the result of deliberate attempts for the

[1012] Véliz et al., "Sugar, taxes, & choice," 27-28.
[1013] Wall, Steven. *Liberalism, perfectionism and restraint*. Cambridge University Press, 1998, 219.
[1014] Ibid., 220.

improvement and securing of certain goods. This will necessarily entail restrictions or interference on some liberties to promote worthwhile lives. When discussing policies, of which the main goals are the development of autonomy or the promotion of the capacities that promote well-being and the ability to reach valuable goals, Perfectionist or Capability accounts of liberty will thus be more appropriate, e.g., in education or health. Securing health, for instance, by making citizens contribute to healthcare systems through taxation or diminishing costs by curtailing certain options, inevitably requires some restrictions in order to secure collective welfare and autonomy, where this would not otherwise be possible through a more *laissez-faire* approach. In this case, promoting autonomy can therefore require going against individual wishes or choices. Of course, in doing so, State actions will need to be justified both according to their overall contribution to autonomy and still need to respect the limitation on the use of coercion (Harm Principle), value pluralism (i.e., should respect morally respectable conceptions of the good) and follow from the dual role of the State in promoting both well-being and the attainment of valuable goods/activities (i.e., ensuring that promoting one does not incur a serious cost to the other). In line with these limitations, it will be justified for the State to interfere with liberty in order to promote human flourishing and secure the environments necessary to live autonomous and worthwhile lives.

Concluding Remarks

This chapter has tried to show the relevance of the concept of liberty when it comes to policymaking, both in political discourse and ethically, as well as how discussions around liberty play a role in the justifications for (and opposition to) public policies. Specifically, I have tried to show this in the context of the policy case studies examined in this thesis and highlighted the ways in which these discussions have surfaced in debates around these interventions. Secondly, I have attempted to provide a broad overview of the most important conceptions of liberty discussed by political thinkers over time. These accounts do not constitute an exhaustive list of the conceptions of liberty, yet, are arguably the most relevant to policy discussions. Though not always directly referred to, many of the arguments relating to freedom in policy will often draw upon ideas from these accounts. As such, I have tried to present them, in order to both explain them and clarify some misconceptions. Equally, I have shown that the diversity of these conceptions and their often-contrasting views can, not only make them difficult to understand but also difficult to apply in policymaking. For instance, rare are the interventions that will respect all of these conceptions at once, e.g., many interventions will end up contravening aspirations for Negative Liberty.

This chapter has also tried to assess whether the policies studied violated individual liberty and why this might be the case. Unsurprisingly, the answer to this question, to a large extent, depends

on the particular conception at stake. While the Negative Liberty view makes policies like taxes or bans seem like they infringe on liberty, Perfectionist or Republican conceptions are more compatible to their use. However, while all these conceptions can be helpful in looking at the justifiability of policies, some of the elements and ways of thinking about liberties (and their infringement) make more of a difference to the justifiability of interventions. These different conceptions are thus appropriate to varying extents, in different contexts. This means promoting policies that are justified with reference to liberty, will not entail privileging one account of liberty over others and applying it to all areas of policy, but rather, attending to these accounts in sophisticated ways depending on the purpose or scope of the policy and the values or implications at stake. I have tried to give an account of how to do this and show, both when and the reasons for which policymakers should focus on each specific conception of liberty and in which area of policy, e.g., Perfectionist conceptions when it comes to health or education. This approach hopes to partly reconcile the use of health interventions and the desire to protect liberty, rather than merely focusing on liberty as the absence of interference. In many cases, it will be more important for the State to take an interventionist approach to secure autonomy and valuable goods, rather than be neglectful of its population. In that sense, constraints on liberty can often be justified.

Moreover, even where policies do reduce liberty, this does not mean these are necessarily unjustified, since the restrictions on freedom can be outweighed by other moral or pragmatic factors. I therefore do not claim liberty is the sole criterion according to which policies are to be judged, but rather, that where questions of liberty arise in policymaking, attention should be given to political theory, as it can help in providing answers to policymakers' dilemmas and questions. Political theory can help in understanding the ideas relevant to liberty and its application, including by evaluating the claims made in support or opposition to policies. For instance, we can now state that some of the critiques of the American awareness campaigns exaggerated the ways in which liberty (in this case, taken to be negative) was affected by the policies or that the argument that markets should not be interfered with in the UK or Chile are not quite as convincing if we take the instrumental view of market value. In any case, since not all conceptions can be upheld when introducing or evaluating interventions, policymakers will ultimately need to assess which conception of liberty is more relevant and worth promoting or respecting, while also providing some defence for the choices made with regard to other liberties. This chapter has therefore tried to provide the sets of ideas (and tried to exemplify their relation to actual policies) necessary for policymakers to reflect on and discuss these issues, in order for policies to be justified. It is worth noting that, while looking at some of these conceptions can help support the political justifiability of interventions (e.g., Republican), others are key to their ethical justifiability (e.g., Perfectionist).

For instance, while there are many ways to ensure policies are politically justified with reference to freedom, e.g., by being more democratic and favouring public participation, this will not necessarily mean they are ethically justified. For policies to be ethically justified, policymakers will need to pay attention to the justifiability of the normative arguments given in favour of freedom-affecting policies (independently from what the public support). Finally, as the following chapter will illustrate, looking at such conceptions of liberty is also useful in assessing the common claim (or critique) that health policies are paternalistic, and therefore unjustified.

Chapter 11 – Paternalism and Health

Introduction

Paternalism is one of the most discussed and controversial ethical concepts across different sectors of policy, including health. The term is often used to characterise State interference with the public. Generally, the notion of paternalism is used to refer to relationships and individual actions or motivations, while in a more political context, the use of the term has come to be associated with unwarranted State influence and been used to criticise or oppose policies. Disagreements over paternalistic policies can also be framed around the idea of the "nanny-state", set on restricting liberties for the supposed interest of its population. Such arguments are common in political rhetoric, from policymakers, stakeholders and the public alike. This is often seen in the discourse surrounding food policy. For instance, in the UK, Priti Patel criticised Boris Johnson for running *a "nanny state government"* more interested in banning energy drinks for children or making restaurants print calorie counts than implementing conservative policies.[1015] As PM, Liz Truss also sought to stop *"nanny state taxes"* on unhealthy foods, and to repeal the Soft Drinks Industry Levy (SDIL).[1016] In New York, many disagreed with the SSB portion cap *"on the grounds that it was an unwarranted limitation on human freedom that would expand the reach of the 'Nanny state' into personal affairs."*[1017] Paternalism is often denounced by Liberals, for restricting liberty, violating the consent of those subject to it, infantilising agents and assuming that, left to their own devices, citizens would not act rationally. Arguments around the unfairness of paternalism towards low-income groups are also often employed in the discussions around such policies. For instance, part of the controversy regarding the introduction of the SDIL in the UK, stemmed from the idea "nannying" was unfair: "*Let's stop nannying poor people and find a proper solution* [...] *Paternalism generally backfires. [...] Fully grown adults don't need to be told that a fizzy drink isn't a healthy breakfast".*[1018]

[1015] Wheeler, Brian. "Are we living in a 'nanny state'?" *BBC News*, 2018, accessed September 2023, https://www.bbc.com/news/uk-politics-45356189

[1016] Stevens, John, Jessica Warren, and David Wilcock. "Liz Truss vows to halt Nanny State ban on BOGOF deals: Tory leadership candidate pledges no new taxes on food that's high in fat, salt or sugar if she wins battle to be next PM." *Daily Mail*, 2022, accessed September 2023, https://www.dailymail.co.uk/news/article-11069973/Liz-Truss-vows-halt-Nanny-State-ban-buy-one-one-free-deals-stop-taxes-unhealthy-food.html

[1017] Resnik, David B. "Paternalistic food and beverage policies: A response to Conly." *Public Health Ethics* 7, no. 2 (2014): 170.

[1018] Tirado, Linda. "A Sugar Tax? Let's Stop Nannying Poor People and Find a Proper Solution," *The Guardian*, 2015, accessed September 2023, https://www.theguardian.com/commentisfree/2015/dec/01/sugar-tax-poor-people-obesity-crisis

Yet many public health advocates and academics have argued paternalism is, at least to some extent, acceptable in the promotion of public health.[1019,1020,1021,1022,1023,1024,1025] In addition, that "*the 'nanny state' slur is intended to distract. The goal of those accusing public health advocates of being 'nannies' is to move the discussion away from the actual public health problem at issue and towards a debate about government overreach."*[1026] Some, like Thaler & Sunstein argue paternalism is inevitable and as a result, that we ought to embrace the forms of paternalism that work in our favour.[1027] Sunstein writes: "*The nanny state is in the news. A lot of people have been outraged by Mayor Michael Bloomberg's effort to restrict soda sizes, recently overturned by a state court [...]. If you share the outrage, you should recognize that various forms of paternalism are all around you, and at least some of them aren't so bad."*[1028] Paternalism is a thus polarising concept when it comes to policy. Oftentimes, discussions around the legitimacy of a policy run into the question of the general permissibility of paternalistic interventions. Yet is not always clear what is meant by paternalism or why it might be objectionable (if at all). This issue can become even more difficult when discussing the less obvious forms of paternalism that do not rely on direct coercion or the imposition of values.[1029] Yet, given its relevance to the justifiability of public health policies and its use in political narrative, it is important to understand the term, whether its pejorative connotation is justified and how it relates to our thinking about specific policies.

In addition, another reason for looking at paternalism in public health is that this ethical concept is highly interrelated to other important arguments and rationales, notably, ones surrounding liberty or autonomy. For instance, Dworkin writes *"paternalism [...] will always involve limitations on the liberty of some individuals in their own interest but it may also extend to interferences with the liberty of parties whose interests are not in question."*[1030] Given the relevance of this concept in health policy, the

---

[1019] Conly, Sarah. "Against autonomy: justifying coercive paternalism." *Journal of Medical Ethics* 40, no. 5 (2014): 349.
[1020] Gostin, Lawrence O., and Kieran G. Gostin. "A broader liberty: JS Mill, paternalism and the public's health." *Public health* 123, no. 3 (2009): 214-221.
[1021] Nys, Thomas RV. "Paternalism in public health care." *Public Health Ethics* 1, no. 1 (2008): 64-72.
[1022] New, Bill. "Paternalism and public policy." *Economics & Philosophy* 15, no. 1 (1999): 63-83.
[1023] Childress, James F. "Paternalism in health care and health policy." *Principles of health care ethics* (2006): 223-229.
[1024] Hector, Colin. "Nudging towards Nutrition: Soft Paternalism and Obesity-Related Reform." *Food & Drug LJ* 67 (2012).
[1025] Wilson, James. "Why it's time to stop worrying about paternalism in health policy." *Public Health Ethics* 4, no. 3 (2011): 269-279.
[1026] Wiley, Lindsay F., Micah L. Berman, and Doug Blanke. "Who's your nanny? Choice, paternalism and public health in the age of personal responsibility." *Journal of Law, Medicine & Ethics* 41, no. S1 (2013): 91.
[1027] Thaler, Richard H., and Cass R. Sunstein. *Nudge: improving decisions about Health, Wealth, and Happiness*. 6, 2008, 6.
[1028] Sunstein, Cass R. "Why Paternalism Is Your Friend." *The New Republic* (2013).
[1029] Coons, Christian, and Michael Weber, eds. *Paternalism: Theory and practice*. Cambridge University Press, 2013, 24.
[1030] Dworkin, Gerald. "Paternalism." *The Monist* Volume 56, Issue 1 (1972): 68.

following chapter discusses a number of aspects of paternalism. I begin by discussing the nature of paternalism and explore some of the accounts of the term. I examine its significance to public health arguments and some of the conceptual issues linked to them. I suggest denouncing policies as paternalistic can be problematic, as the elements that make an intervention paternalistic on an individual level are more nuanced and complex on a policy level. Thus, that it is harder to determine with exactitude the extent to which policies are paternalistic. However, despite this, we can still come to an understanding of what makes policies, to a degree, paternalistic. I also examine the relevance of the three key concepts of beneficence, liberty and consent in paternalism, to see how they affect the justifiability of interventions. Finally, I explore the relation between paternalism and Perfectionism. In doing so, I defend the view that the role of the State is to go beyond a mere *laissez-faire* approach to health and propose some arguments to support the justifiability of paternalistic interventions.

What is Paternalism?

An Outline of Paternalism

Paternalism is a complex and highly debated term in ethics and political philosophy. Discussing it with some prior consideration of the different accounts on the topic is important. As such, I begin by presenting some of the accounts and ideas that have been put forward on the subject. The term paternalism itself, can be used to characterise relationships between different agents, including individuals, institutions, social groups or the State. It evokes family relationships, especially those between parent and child, where the parent interferes with the actions of the child for their benefit, with the assumption they, the parent, know best.[1031] This comparison with a parent acting on behalf of their child and for their interest is often drawn upon in discussions of the term. As noted by Fotion, understandings of paternalism often rely upon analogies, in competition with other analogies.[1032]

The purpose of this chapter is not to give a definitive account of paternalism and defend it, as others have done. However, determining whether policies are paternalistic, why, and if it is justified for them to be so, undoubtedly requires some understanding of the notion of paternalism and its essence. To provide an outline of the term, I firstly rely on Dworkin's work on the subject of paternalism, which he claims to be: "*the interference with a person's liberty of action justified by reasons referring exclusively to the welfare, good, happiness, needs, interests or values of the person being coerced.*"[1033]

[1031] Kleinig, John. "Paternalism." *Manchester University Press* (1983): 4.
[1032] Fotion, Nicholas. "Paternalism." *Ethics* 89, no. 2 (1979): 191.
[1033] Dworkin, "Paternalism," 65.

Dworkin notes that paternalistic policies include, for instance, laws requiring motorcyclists to wear helmets, laws regulating the use of drugs, laws prohibiting gambling or regulating what activities children cannot engage in (e.g., working dangerous jobs).[1034] Feinberg adds to this that legal paternalism is used on the part of states to protect citizens from self-inflicted harm, implying the State knows the interests of individuals better than they do themselves, and stands as a *"permanent guardian of those interests in loco parentis"*.[1035] Paternalism had been heavily criticised by Liberals, who have denounced the idea that the State can know the interests of citizens better than themselves, as distasteful, erroneous,[1036] and a form of despotism.[1037] Yet, as pointed out by New, the notion of paternalism is a difficult one to deal with in policy, as, while it *"may be difficult to accept in principle, […] it is equally difficult to avoid in practice."*[1038]

Paternalistic interventions usually imply at least two parties, one who *interferes* and one who is being *interfered with.* As such, Dworkin offers the following account of X acting paternalistically to Y:

"X acts paternalistically towards Y by doing (omitting) Z:

1. *Z (or its omission) interferes with the liberty or autonomy of Y.*
2. *X does so without the consent of Y.*
3. *X does so only because X believes Z will improve the welfare of Y (where this includes preventing his welfare from diminishing), or in some way promote the interests, values, or good of Y."*[1039]

(Note: I have highlighted the common characteristics/elements of the accounts of paternalism in this section, these include: consent, the promotion of the good/welfare of another/others or restricting autonomy/liberty or limiting options).

There is much to say about each of the three criteria and why applying them may not always be useful in determining whether an intervention is paternalistic. In fact, while relational accounts of paternalism (between persons) are often drawn upon in policy discussions, these can make it difficult to identify whether claims made that policies are paternalistic are justified. This is also true of this account, which raises a number of questions regarding paternalism in policy. For instance, does influencing the environment in which citizens make decisions necessarily affect their liberty

[1034] Ibid., 65-66.
[1035] Feinberg, Joel. "Legal paternalism." *Canadian journal of philosophy* 1, no. 1 (1971): 105.
[1036] Kleinig, "Paternalism," 3.
[1037] Berlin, Isaiah. *Freedom and its betrayal: Six enemies of human liberty*. Princeton: Princeton University Press, 2014, 223
[1038] New, "Paternalism and public policy," 63.
[1039] Dworkin, Gerald. "Paternalism." *Standford Encyclopedia of Philosophy*, 2002.

or autonomy? And, would Dworkin consider interventions which increase autonomy and liberty to be an interference? Criterion 3, also poses a number of theoretical issues, as X can interfere with Y for their own benefit (X's) yet knowing this will also improve Y's situation. In addition, X may also choose to interfere with Y, not merely taking into account their benefit (Y's), but also the impact this might have on third parties (which is most often the case in politics). Thus, it is not always easy to determine whether X is acting paternalistically solely for the benefit of Y, or with other considerations in mind. As we will see, in the context of policymaking, assessing whether or how policies infringe upon liberty/autonomy (as presented in criterion 1) is also a particularly complex issue and will depend on what is understood by these terms, while the issue of consent can also be problematic when looking at groups. I will discuss these issues in the subsequent sections of the chapter, though for now, it is useful to look at some other accounts of paternalism in order to get a better understanding of its essence. Indeed, while Dworkin's work on paternalism has been particularly influential in the literature on the subject, his account is far from the only one. Many others have put forward their accounts, focusing on different aspects of the relationship between those who interfere and those being interfered with. Here are five other accounts from multiple papers and compiled in *Defining paternalism* in *Paternalism: Theory and practice*.[1040]

1/ Clarke's account, whereby:

"X behaves paternalistically towards Y:

(1) only if: X aims to close an option that would otherwise be open to Y or X chooses for Y in the event that Y is unable to choose for himself; and

(2) to the extent that X does so in order to promote Y's good."[1041]

2/ Kleinig's account, whereby:

"X acts paternalistically in regard to Y to the extent that X, in order to secure Y's good, as an end, imposes on Y."[1042]

3/ Gert and Culver's account, whereby:

"A is acting paternalistically toward S if and only if A's behaviour (correctly) indicates that A believes that

(1) his action is for S's good;

(2) he is qualified to act on S's behalf;

[1040] Gerald Dworkin, "Defining Paternalism," in *Paternalism: Theory and Practice*, ed. Christian Coons and Michael Weber (Cambridge: Cambridge University Press, 2013), 30-31.

[1041] Clarke, Simon. "A definition of paternalism." *Critical Review of International Social and Political Philosophy* 5, no. 1 (2002): 82.

[1042] Kleinig, "Paternalism," 13.

(3) His action involves violating a moral rule (or will require him to do so) with regard to S;

(4) S's good justifies him in acting on S's behalf independently of S's past, present or immediately forthcoming (free, informed) consent; and

(5) S believes (perhaps falsely) that he (S) generally knows what is for his own good."[1043]

4/ Shiffrin's account, whereby:

"Paternalism by A toward B may be characterized as behavior (whether through action or through omission)

(a) aimed to have (or to avoid) an effect on B or her sphere of legitimate agency

(b) that involves the substitution of A's judgment or agency for B's

(c) directed at B's own interests or matters that legitimately lie within B's control

(d) undertaken on the grounds that compared to B's judgment or agency with respect to those interests or other matters, A regards her judgment or agency to be (or as likely to be), in some respect, superior to B's."[1044]

5/ de Marneffe's (policy-focused) account, whereby:

"A policy is paternalistic if it limits a person's liberty for her own good, or for the reason that it benefits her or improves her situation in some way. To limit a person's liberty "for her own good" is to limit her liberty for a certain kind of reason: that this policy will promote her welfare or improve her situation in some way. The government acts for a reason in limiting someone's liberty if and only if this policy cannot be fully justified if this reason is not counted in its favor and the government adopts it only because someone in the relevant political process takes or has taken this reason as sufficient to justify it. A policy is paternalistic, then, if it cannot be justified by nonpaternalistic reasons alone, and the government adopts it only because someone in the relevant political process takes some paternalistic reason as sufficient to justify it."[1045,1046]

These accounts present both similarities and unique components which can be helpful in understanding the essence of paternalism. The notion of beneficence is perhaps the most central to all these accounts. These all highlight that, to be paternalistic, an action has to revolve around the improving of welfare or interests of another/others. However, while some accounts, merely mention the actions need to be for another's good, other accounts are more careful, by implying (perhaps irrespective of outcome), it is the motivation of the *paternaliser* which needs to be driven by the idea of beneficence, i.e., an intervention is paternalistic when it is aimed at promoting the good of the person being *paternalised*, whether or not it does. Focusing on motivations is more

[1043] Gert, Bernard, and Charles M. Culver. "The justification of paternalism." *Ethics* 89, no. 2 (1979): 199.
[1044] Shiffrin, Seana Valentine. "Paternalism, unconscionability doctrine, and accommodation." *Philosophy & Public Affairs* 29, no. 3 (2000): 218.
[1045] Dworkin, "Defining Paternalism," 31.
[1046] De Marneffe, Peter. "Avoiding paternalism." *Philosophy & Public Affairs* 34, no. 1 (2006): 68-94.

useful in the context of policy, since it is not always clear what the outcomes of policies will be, even when these are well intentioned. However, when discussing such motivations or justifications for policies, it is important to go beyond the personal motivations policymakers have for implementing them. Instead, where it can be said there are plausible normative justifications for interfering or restricting citizens for their own good, a policy will be, to a degree, paternalistic. I discuss this further in *A Conceptual Assessment of Paternalism*.

The idea of restricting or interfering with another is also central to these accounts of paternalism, though what constitutes this interference varies drastically. Restrictions range from the more traditional views of coercion or restricting liberty (e.g., closing an option) to broader notions of interference with matters within the sphere of legitimate agency of the person being *paternalised*, making many potential actions paternalistic (even though these might be limited by the other criteria). Paternalistic interventions are also sometimes referred to in some negative way, e.g., Gert and Culver refer to the interference as a *violation of some moral rule*, while Kleinig refers to it as *imposing*. While this pejorative understanding of paternalism is not common to all accounts, it is often reflected in the public and academic discourse on the topic. When discussed, paternalism is often assumed to be either unwarranted or require strong justifications in order to be legitimate. In policy, this means the use of the term is almost always used to criticise policies or those putting them forward, creating an association between the term and some level of unnecessariness or immorality. Finally, writers like Gert & Culver and Dworkin also bring up the issue of the violation of consent, though Gert and Culver take a broader view of the term by including *past, present or immediately forthcoming* forms of consent, potentially making it difficult to assess where these conflict, e.g., where a person's currently expressed consent conflicts with previous established wishes. These similarities in accounts help in getting an overall idea of the essence of the term. Though often phrased differently and presented to varying extents, the concepts of beneficence, interference/restriction, and consent seem central to paternalism, and it is difficult to draw a picture of the term without some reference to these. I will therefore assess the importance of these ideas in the following sections.

Some of these accounts also present interesting differences. For instance, Clarke brings up the notion that an action can be paternalistic if it is carried out on behalf of a person unable to make the decision. This appears to conflict with consent-based understandings of paternalism, as such an account need not imply a violation of consent. I if were to become unconscious I would still expect my family to make medically-related decisions for me, in accordance with past and future consent, knowing they are acting with my welfare in mind. This suggests the scope for paternalism could be broader than cases where one does not consent to the intervention.

Even more interesting perhaps, is Shiffrin's discussion of the substitution of judgement in paternalistic interventions, where the *paternaliser* assumes their judgement to be superior to the person being interfered with. This account excludes certain cases where one instrumentally agrees to interventions carried out by another person that restrict their liberty. If I believe myself to be drinking too much, and give control of my finances to a friend, asking them to prevent me from unnecessarily spending money on alcohol, this would not constitute paternalism under this account. While this intervention restricts my choices, and is for my own good, my friend is not substituting their judgement for mine and does not regard their judgement or agency as superior, rather, arguably, they can be said to be exercising it on my behalf. In addition, Shiffrin also uses a broad scope for paternalism, including everything that may be targeted at Y's sphere of legitimate agency or matters that legitimately lie within their control. Though relevant, this particular criterion poses problems since this broadens potential paternalistic interventions to include interference with the multitude of elements that normally fall within our control. Though my girlfriend can be said to be substituting my judgement for hers when buying me some clothes, an activity which lies under my sphere of control, and is doing so for my benefit, it would seem exaggerated to claim she is acting paternalistically when doing so. I suggest this inclusion of interventions which would be difficult to consider paternalistic, shows the necessity of the element of freedom/choice/autonomy restriction when looking at paternalism.

Finally, de Marneffe's view is also interesting for policymaking, since it implies the necessity to understand the different justifications behind potentially paternalistic interventions to determine whether they are in fact, paternalistic. Where policies cannot solely be justified by non-paternalistic reasons or where policymakers take paternalistic reasons as sufficient to justify the policy, the policy might indeed be paternalistic. Like Shiffrin this conception is largely motive-based, yet focuses on the nature of the justifications rather than the goals one aims to achieve (in Shiffrin's case, to improve the interests of the *paternalised* or matters that legitimately lie within their control). This account requires a fairly comprehensive understanding of the reasons which are appropriate for a policy. This is not easy to determine in policymaking, where a large number of justifications can be given for any policy, many of which are not obvious to the public and/or are shaped by competing interests. In addition, it could also be argued that a significant share of policies put forward (if not all) aim to increase the welfare of the public, whether directly, for instance through health improvements, or indirectly, say by reducing governmental costs and thus spending more efficiently. Since these policies can partly be justified with reference to paternalistic justifications, we can wonder whether (almost) all policies are paternalistic.

This section aims to have shown the complexity of the concept of paternalism and the numerous, contrasting and overlapping accounts that exist on the topic. Though this section has not generated a clear account of the term itself, I have drawn out a number of common characteristics of paternalism which are often evoked in discussions on the topic, such as: consent, restrictions on choice/liberty/autonomy, beneficence and the often implied immorality or unnecessity of paternalism. I have also highlighted a number of comparatively unique features, like the substitution of judgement, focus on the nature of the justifications given for policies or acting within spheres of control. Hopefully this provides some conceptual background to discuss this term in the context of policy, and our case studies.

Types of Paternalism

Before moving on to questions of paternalism in policy, it is worth noting there exist a variety of types of paternalism authors refer to. This can sometime contribute to making the discussion around paternalism even more complex, since each type of paternalism will have its own dilemmas, objections and implications. The most common distinction within the literature is between *hard* vs *soft* paternalism.[1047] Soft paternalists believe it is only legitimate to interfere with the actions or liberty of an agent, when there is sufficient reason to believe they are not acting voluntarily or knowledgeably. This can be because they are uninformed about a particular choice they are making, are not currently in a position to think about their decision or are operating based on false beliefs. Thus, soft paternalists approve of interventions where we can assume the intervention would be consistent with the person's rationally chosen preferences. Conversely, hard paternalists believe there are instances where it is legitimate to influence or coerce individuals, even when this goes against their direct and consciously chosen preferences. Of course, hard paternalists can also agree to soft paternalistic interventions. While hard paternalism implies interference with fully voluntary choices and is generally compatible with coercive/restrictive policies, soft-paternalism is still compatible with some policy interventions, particularly those increasing autonomy and the capacity for self-determination of individuals, e.g., education. Related to hard paternalism is the notion of coercive paternalism, which some authors like Conly explicitly refer to. Discussions around coercive paternalism tend to be more focused on the means to achieving certain ends. Conly argues coercive paternalism aims to enable individuals to *"do the right thing"* and help them *"instantiate their own values, by preventing the (admittedly voluntary) actions that are contrary to those values."*[1048] If we follow Conly's account, it may be that coercive paternalism is more specific than hard paternalism, in that,

[1047] Dworkin, "Paternalism." *Standford Encyclopedia of Philosophy.*
[1048] Conly, Sarah. "Coercive paternalism in health care: against freedom of choice." *Public Health Ethics* 6, no. 3 (2013): 241.

hard paternalists do not necessarily make claims about whether the goals they are imposing on individuals are desired by them, merely that they are good for them. She notes that while, *"the paternalist's goal is not to substitute his or her own judgement for your own, but to help you to do what you yourself most want to do."*[1049] However, the distinction between hard and coercive paternalism remains unclear and the two are sometimes used interchangeably.

There are many more distinctions to be made, such as *pure* vs *impure* paternalism.[1050] In pure paternalism, the group of people being interfered with is the same as the one being protected, while impure paternalism refers to cases where those being interfered with are not the same as those being protected. Most food policies fall within the category of impure paternalism: interference with the way products are made (e.g., reformulation), advertised, the way shops operate or how packages are made. As such, the class of people being protected is larger than those being targeted by the interventions. Conly refers to such impure methods, like the Soda cap in New York as more palatable: "*the soda ban, though, uses a more efficient and more palatable method. This is sometimes called 'impure paternalism' and in targeting the producers, rather than the consumers, of goods that are bad for us, it avoids sanctioning individuals whose flaw is no more than imprudence."*[1051]

Moreover, we might distinguish between *narrow* vs *broad* paternalism,[1052] where the former is only concerned with State action while a broad paternalist is concerned with any type of paternalism. There are also *weak* vs *strong* forms of paternalism,[1053] where weak paternalists only agree to interference with the means individuals choose to reach their ends, if those means are poorly chosen, whereas, strong paternalists also believe the ends individuals choose are wrong, and so, that it is legitimate to interfere to influence their ability to reach these ends altogether. We can also differentiate between *moral* vs *welfare* paternalism,[1054] the former aiming to promote/protect the morality of persons (e.g., banning prostitution) while the latter aims to promote well-being as understood through more traditional elements like health, wealth or happiness.

Finally, the concept of *Libertarian* paternalism, popularised by Thaler & Sunstein has also been much discussed in recent political literature. This form of paternalism, which is sometimes also referred to as *asymmetric* paternalism, as it helps individuals who "*are prone to making irrational decisions*

[1049] Conly, Sarah. "Paternalism, coercion and the unimportance of (some) liberties." *Behavioural public policy* 1, no. 2 (2017): 210.
[1050] Dworkin, "Paternalism." *Standford Encyclopedia of Philosophy.*
[1051] Conly, "Coercive paternalism in health care," 243.
[1052] Dworkin, "Paternalism." *Standford Encyclopedia of Philosophy.*
[1053] Ibid.
[1054] Ibid.

while not harming those making informed, deliberate decisions",[1055] aims to shape the environment in which people make decisions, to guide choices, without significantly restricting options. Thaler & Sunstein describe this form of paternalism as such:

"Libertarian paternalism is a relatively weak, soft, and nonintrusive type of paternalism because choices are not blocked, fenced off, or significantly burdened. If people want to smoke cigarettes, to eat a lot of candy, to choose an unsuitable health care plan, or to fail to save for retirement, libertarian paternalists will not force them to do otherwise—or even make things hard for them. Still, the approach we recommend does count as paternalistic, because private and public choice architects are not merely trying to track or to implement people's anticipated choices."[1056]

They note this type of interference to be paternalistic as it rests on the idea that it is justified for choice architects to influence behaviours to make individuals better off, whether in health, wealth or general well-being. Libertarian paternalistic interventions, so-called nudges, therefore seek to preserve choice without encroaching upon liberty or autonomy and assume that, as it is impossible to design choice architectures neutrally, they should be designed in ways that benefit people.

These varieties of paternalism also highlight the complexity of dealing with the term since there are many things we can mean by paternalism, different ways in which it operates, including at a policy level and thus different objections against each of them. Getting clear about the types of paternalism we are dealing with when discussing or critiquing a policy is essential, to avoid the mistake of objecting to irrelevant issues. While I have tried to present a brief summary of the different types and accounts of paternalism, there is still much more to say on the topic. However, my aim in presenting this topic has mainly been to highlight that using the blanket term "paternalism" can be unhelpful when looking at policies and that understanding these nuances is useful when assessing its justifiability in public health.

A Conceptual Assessment of Paternalism

As I have attempted to show, most of the accounts and discussion around the concept of paternalism focus on the term at an individual level. Defining this alone is a difficult task, as shown by the multiplicity of elements authors focus on. Yet, applying such accounts to policy is even more complicated. While some comparatively more policy-focused accounts (like de Marneffe's) exist, these still rely on the elements that make an action paternalistic in individual relationships, rather than between the State and a population.

[1055] Loewenstein, George, Troyen Brennan, and Kevin G. Volpp. "Asymmetric paternalism to improve health behaviors." *Jama* 298, no. 20 (2007): 2416.
[1056] Thaler and Sunstein, *Nudge*, 6.

These conceptual issues make it difficult to determine whether claims about interventions being paternalistic are justified, and the extent to which these are paternalistic. This is problematic for those who denounce policies on the mere basis that they are paternalistic or make claims about the *nanny-state*'s unwarranted intrusion in private lives. As noted by James Wilson, it is often more appropriate to talk about paternalistic motivations or justifications for policies, rather than paternalistic interventions.[1057] However, while labelling policies as paternalistic versus non-paternalistic is unhelpfully binary, this does not mean that policies cannot be, to some degree paternalistic, rather, that this degree will be difficult to determine. Overall, where a health policy is largely justified by reference to some welfare improvement (beneficence) and to an extent, both restricts the liberty of those subject to it and is introduced irrespective of their consent, it will be, somewhat paternalistic. While I suggest that policies can only ever be, *to a degree* paternalistic, for the purpose of simplicity, I refer to these as paternalistic. Assessing the justifiability of such interventions, requires looking at, firstly, the relation between the intervention and each key element of paternalism within its context (liberty, beneficence and consent). Secondly, it requires evaluating the validity of the normative justifications and goals of the intervention. The following section deals with the first aspect of this claim.

Liberty

As I have extensively discussed the issue of liberty in the previous chapter, I will not expand much further on the issue of the justifiability of liberty-affecting interventions. However, to the extent that liberty matters to paternalism, the justifiability of paternalistic interventions will rest on the same points as those made in the previous section on liberties and their relevance in different contexts. That is, paternalistic interventions will be more or less justified with regard to their interference with liberty, depending on what liberties are most relevant and what the policies seek to promote, e.g., a paternalistic intervention might be more justified in interfering with liberty to promote education than a paternalistic intervention that interferes with freedom of speech. This means that, equally to other liberty-affecting policies, the justifiability of paternalistic interventions will also depend on the context in which they operate. Moreover, the justifiability of such interventions will also depend on their contribution to *good life* and the extent to which they coerce or restrict liberty, i.e., where significant coercion or restrictions on liberty occur, policymakers will need to provide strong justifications to show how they secure the conditions necessary for citizens to live worthwhile lives. For instance, important limitations on liberty to promote education will

[1057] Wilson, James. "Paternalism, Autonomy, and the Common Good: Infringing Liberty for the Sake of Health." *Philosophy for Public Health and Public Policy: Beyond the Neglectful State*. Oxford University Press, 2021.

need to be outweighed by the promotion of autonomy stemming from education. Thus, the justifiability of paternalistic interventions will vary according to the extent to which they restrict the liberties that matter in specific contexts and what they seek to achieve in doing so.

Consent

The issue of the violation of consent, though common in accounts of paternalism, is complex when it comes to policies that affect populations rather than a single or few individuals. The nature of policy makes it so that the elements that make an intervention paternalistic on an individual level are more nuanced on a policy level, which makes it harder to determine if claims that policies violate consent are justified.

Whether we take policies to violate consent will depend on a number of factors, from the nature of the intervention, the process of its creation, to the relationship between policymakers and the public. Policymaking in democratic countries is based on a principal-agent relationship, whereby the public delegates tasks and authority to officials, who defend their interests or desired outcomes. This particular relationship has been much discussed in political literature.[1058,1059,1060] Through this relationship, the public elects representatives and has some capacity to choose which policies are introduced (and how). Equally, mechanisms exist to ensure the accountability of policymakers in representing and defending these interests.[1061] Of course, this relationship will often be flawed and marked by issues such as information asymmetry, adverse selection or moral hazard.[1062] Where the members of the public significantly disagree with policymaker decisions, they can challenge them through voting/elections (vertical accountability).[1063] Equally, civil society can also play a role in holding officials accountable through interest groups, which shape the policy agenda. Civil society can also use other means such as triggering legal proceedings, launching investigations or exposing

[1058] Hawkins, Darren G., David A. Lake, Daniel L. Nielson, and Michael J. Tierney. "Delegation under anarchy: states, international organizations, and principal-agent theory." *Delegation and agency in international organizations* 3 (2006).
[1059] Braun, Dietmar. "Who governs intermediary agencies? Principal-agent relations in research policy-making." *Journal of Public Policy* 13, no. 2 (1993): 135-162.
[1060] Lane, Jan-Erik. "The principal-agent approach to politics: Policy implementation and public policy-making." *Open Journal of Political Science* 3, no. 02 (2013).
[1061] Mechkova, Valeriya, Anna Lührmann, and Staffan I. Lindberg. "From de-jure to de-facto: Mapping Dimensions and Sequences of Accountability." *Background Paper: Governance and the Law. World Bank: World Development Report* (2017).
[1062] Braun, "Who governs intermediary agencies? Principal-agent relations in research policy-making," 135-162.
[1063] Lührmann, Anna, Kyle L. Marquardt, and Valeriya Mechkova. "Constraining governments: New indices of vertical, horizontal, and diagonal accountability." *American Political Science Review* 114, no. 3 (2020): 811-820.

certain policymaker behaviours to ensure accountability and that the policies introduced reflect public wishes (social accountability).[1064]

However, though such processes can have influence in guiding policy agendas or helping policymakers understand what the majority of voters want, or at least, consider reasonable, many policies will be implemented irrespective of public consent or views. In many cases, policymakers implement policies irrespective of public wishes, choosing to prioritise other economic and political factors like the cost-effectiveness of an intervention. In our case, this can mean implementing health policies that best help achieve the population outcomes desired by the Government, regardless of public perceptions towards them. In more extreme cases, lobbying or other forms of external influence can also lead to the introduction of policies, which do not align with or simply disregard public views. In fact, most health policies are not designed to reflect public interests, rather these are created and adjusted to meet certain goals, with little consideration for whether citizens want them. While there are instances where the majority of citizens *do* in fact consent to a policy, its implementation will most often not be dependent on this consent. Ultimately, the nature of public policy means governments have to introduce policies, while not knowing whether all citizens do or will approve of them. And, though there are notable examples of policies which directly come from majority consent, e.g., those following from referenda, most policies are not subject to such processes of public engagement.

However, though paternalistic interventions are implemented irrespective of consent, consent can matter to their political justifiability. Where there is large scale consent/approval for policies, this can contribute to them being more justified, or provide a political argument in favour of their implementation. As previously noted, this political justifiability should not be taken as the same as ethical justifiability, as the approval for policies, while important, is distinct from their ethics. Policies can enjoy large scale consent from the public and/or be democratic, yet remain immoral and unjustified ethically, e.g., policies that support ethnic or religious discrimination. However, as advocates of Republican Liberty suggest, the democratic quality of policies is important to their legitimacy, particularly when it rests on public participation and the opportunity for contestation. Such processes lead policies to be more representative of the views of the governed and ensures government accountability and political autonomy (where policies are somewhat self-chosen). Consent thus matters to paternalism, both in its assessment (policies will only be paternalistic if implemented irrespective of consent) and in policy justification.

[1064] Smulovitz, Catalina, and Enrique Peruzzotti. "Societal Accountability in Latin America." *J. Democracy* 11 (2000): 147-158.

For instance, while the French ban on SSB refills in restaurants was not subject to extensive public consultation, it remains more politically justified than its implementation would have in the US, since the failure of the latter was a consequence of a strong lack of public approval. Therefore, policymakers should still seek public consent where possible and assess the extent to which paternalistic policies are supported.

Beneficence

The criteria of beneficence, common to all accounts of paternalism, highlights how, to be paternalistic, policies should be motivated by (or actually increase) the welfare of those concerned. The extent to which these aim to benefit the public will matter ethically. The more policies aim to benefit those subject to them, the more these will be justified. When trying to assess whether sugar reduction policies are aimed at improving the welfare/good of the population, the first question we ought to ask is how this welfare should be understood. The most obvious answer, is of course, through improved population health gains, although other arguments can also be made, for instance, that the interventions contribute to reducing certain costs or raising revenue for other activities.

While it is difficult to determine whether such health policies are *solely* (as Dworkin's account of paternalism suggests) introduced to improve the welfare of citizens, in most cases, it would seem difficult to argue the opposite, i.e., that the policies do not serve/are not aimed at improving the welfare of citizens at all. For instance, though the sugar taxes in the PICs were likely also aimed at generating revenue or the ban on VMs in school at preserving a particular aspect of culture (though these do not necessarily contribute to health, we might argue they still contribute to improving public welfare), these were, only part of the broader aims of the policy. In the case of policies (supported by sufficient evidence) which are designed to improve public health, it would seem irrelevant to say these are not at least partly aimed at improving public welfare (specifically, health). Even if we assume improving health to be a minor reason for the introduction of a policy, the other goals are still likely to be dependent on the health improvement, e.g., achieving the goal of cutting costs for a health system will still depend on the ability of the policy to improve health, thus enabling the cost reduction. Finally, though this is debatable in the context of certain types of policies (e.g., those that generate revenue, like taxes), in other cases, it would seem even less relevant to argue health interventions do not aim to improve health at all. For instance, subsidising healthy foods to improve diets is likely to be expensive for governments, while it is not always clear how much this can decrease national spending on healthcare. In this case, it is clear the intervention can (almost) only be justified by reference to welfare improvement. However, while we can establish that such food policies do aim at *some* health benefits, and other elements of

welfare, for at least part of the population, whether these are *mainly* motivated by this welfare increase is often unclear. Indeed, as is the case with many types of policies, health policies are likely to be motivated by health improvement alongside other goals. Beneficence is therefore likely to be only part of the justifications for a policy and in some cases, it may only be a minor one.

Here it is important to be clear about what is meant by the intentions/motivation of beneficence for a policy. I do not mean, as Wilson mentions, a psychological reading of the intentions policymakers have for implementing the policy, but rather a normative reading of the goals the policy introduced is likely to achieve.[1065] The former is unhelpful as it leads us to rely on guesses about the potential psychological reasons actors across governments could have for introducing it. Such speculation makes it difficult to determine whether policies are in fact paternalistic in the sense of aiming to benefit the public, while these psychological motivations also tell us little about whether policies are actually ethically justified. Conversely, to determine their ethical justifiability, it is important to look at the normative justifiability of their justifications/goals, i.e., we must look at whether a policy *will* (likely) benefit the public and *how/whether* it is justified for it to do so, irrespective of the reasons policymakers have for introducing it. This means policies that *will* or *do* realistically benefit the public can be paternalistic, even where these might be implemented for, say, selfish motivations by policymakers. Whether and the degree to which policies benefit the public is important ethically, as the greater the extent to which they increase public welfare, the stronger the ethical claim for their implementation. Where beneficence is not the main plausible normative justification for a policy (though it might still benefit, e.g., by being a by-product of meeting other political goals), it will be less justified. Conversely, where the main normative justification is the improvement of aggregate welfare (whether in health or other aspects), it will be more justified, as the intervention, comparatively, seeks to benefit the collectives of individuals subject to it and promote worthwhile lives more. Paternalistic policies in health which can only be justified by reference to their improvement of welfare will thus be more justified, than policies that, though beneficial, are likely to be steered towards other interests, such as those of industries (e.g., implementing mandatory food labelling will be more justified than voluntary labelling).

Justifying Paternalistic Policies in Health

The previous discussion hopes to have shown that identifying whether claims about paternalism are justifiable is more difficult at a policy, rather than individual level. Determining how/whether policies are paternalistic and the extent to which it is justified for them to be so will depend, firstly on an account of the nature of paternalism itself, and secondly, an assessment of the relation

[1065] Wilson, "Paternalism, Autonomy, and the Common Good," *Philosophy for Public Health and Public Policy.*

between the policy and each key criteria of that account. However, in essence, to be considered paternalistic, a health policy will need to be largely aimed at some population heath improvement (beneficence) and, to an extent, both, restrict the liberty of the individuals subject to it and be implemented irrespective of their consent. Though attention should be paid to claims about whether policies are paternalistic, we must take a nuanced view of how these are paternalistic, as clearly determining the extent to which policies relate to certain criteria is a difficult conceptual task. For instance, assessing whether a policy violates liberty will be subject to the debates regarding what liberty is and its relation to policy.

Where policies are paternalistic, assessing their justifiability will require, firstly, an evaluation of the justifiability of the policy with reference to each of the different criteria of paternalism (e.g., a policy which mainly aims to benefit the public will be more justified than one for which benefit is secondary). Secondly, this will require looking into the ways in which a policy secures the conditions necessary for citizens to live worthwhile lives, and assessing the trade-offs of promoting this with referencing to the limitations on the use of coercion and respect of autonomy. It is particularly important to assess the justifiability of the interventions themselves, for instance, by looking at whether the health gains justify the restrictions on the liberty of citizens, rather than by appeal to the general immorality or permissibility of paternalism as a whole. To do so, an evaluation of the normative justifications and goals of policies is therefore crucial. The following sections discuss this claim, largely, by looking at theories of Perfectionism.

The Problem of Neutrality

Commonly, discussions around governmental paternalism question whether it is legitimate to adopt an interventionist approach in public and social matters, influencing individual behaviours and choice, or whether the State should instead adopt a more *laissez-faire* approach, focusing on few, non-coercive policies and leave citizens to make their own health decisions. As seen from the reaction of New Yorkers to the proposed sugar portion cap, sugar taxes and other health interventions by *"nanny Bloomberg"*,[1066] some citizens would undoubtedly prefer the latter. However, though this might be suitable to certain areas of policy, this approach is more difficult when it comes to public health. Many aspects of health are controversial and cannot be addressed without taking a clear stance. While I might not have any particular opinion about the state of obesity in my country or about the necessity to solve it, the State simply does not have the *"luxury of agnosticism"*.[1067] For the majority of significant aspects of public health, the State must decide on its

[1066] Kate, Briquelet, "The impact of Nanny Bloomberg", *New York Post*, 2013, accessed October 2023, https://nypost.com/2013/11/10/the-impact-of-nanny-bloomberg/
[1067] Buckley, Francis H. *Fair governance: paternalism and perfectionism*. Oxford University Press, 2009, 17.

position: allow or ban, promote or dissuade, fund or do not fund. Policymakers (though they may disagree about specific policies) must ultimately decide on courses of action to solve health issues and defend their chosen approach. Buckley writes: *"the conservative who wants to ban abortion and the left-liberal who wants to permit it must both be perfectionists, each with his own definition of life."*[1068] This is equally true for many issues linked to obesity and NCDs, which, in many countries, represent such a high burden for governments. When PICs decide to ban and heavily tax "junk" foods and SSBs, this is what they are doing: taking a clear stance towards health issues that, while perhaps not burdensome for each individual, unavoidably must be addressed nationally. I quote James Wilson when he notes:

"It is not feasible for governments to avoid taking stances which incorporate controversial rankings of health against other goods. For example, it is simplistic to imagine that governments will do better in helping their citizens to achieve a good life if they adopt a laissez-faire approach."[1069] Thus, *"the ethical challenge of public health policy is therefore not the one-sided one of avoiding Nannying, but the more complex task of steering a course between Nannying and Neglect. Avoiding Neglect may involve restricting liberty in various ways."*[1070]

As previously noted, even self-proclaimed libertarians like Thaler and Sunstein recognise that, as influencing choice environments is inevitable, we should embrace the forms of paternalism that work to our benefit.[1071] Given that being interfered with is inevitable, we might as well embrace State "nannying", which aims to improve welfare, contrary to some of the other determinants of our choices. In addition, as governments must inevitably deal with the consequences of collective health decisions, it is unrealistic to not expect them to guide our behaviours in ways which benefit the population at large, e.g., by minimising the burden of healthcare costs. Such issues cannot be solved by devolving responsibility to individual citizens alone. The US, whose healthcare system heavily rests on the use of private health insurance, remains the country with the highest healthcare spending as a proportion of its GDP.[1072]

Of course, the health costs of the sum of individual decisions go beyond simply paying the bill, as these are felt through macro-economic and productivity loses and the psychological impacts of deaths and illness. As argued by Geoffrey Rose in his *Strategy of Preventive Medicine*, *"it is better to be healthy than ill or dead. That is the beginning and the end of the only real argument for preventive medicine. It is*

[1068] Ibid.
[1069] Wilson, "Paternalism, Autonomy, and the Common Good," *Philosophy for Public Health and Public Policy,* 105.
[1070] Wilson, "The Right to Public Health," *Philosophy for Public Health and Public Policy*, 110.
[1071] Sunstein, "Why Paternalism Is Your Friend."
[1072] OECD Health Statistics. "Health expenditure as a share of GDP, 2019 (or nearest year) and 2020." WHO Global Health Expenditure Database. *OECD iLibrary*, 2021.

sufficient."[1073] Finally, given it is almost entirely impossible to secure health for citizens and guarantee effective health governance without, to an extent, infringing on the liberty of some, we ought to be accepting of collective actions which seek to promote health. As, even if I do not care about being healthy, this should not diminish others' ability to enjoy a healthy life, which requires collective action, e.g., the collection of health taxes on a national scale.[1074] Though these arguments do not justify all and any intervention governments might take to promote health, these certainly provide some grounds for a number of policies to be used, including paternalistic policies. I will now explore some of the Perfectionist justifications for such types of policies.

Perfectionism and Paternalism

Perfectionists reject State neutrality, arguing it is neither feasible nor desirable and that in many cases, a lack of State intervention is more harmful than interference. Perfectionists also reject the claim that political morality forbids the promotion of a conception of the good through State interventions, even where these are subject to disagreement.[1075] While this does not prevent the respect of value pluralism[1076] or entail the State should promote every element of a good life (e.g., good relationships),[1077] it does entail that the State is justified in promoting certain goods and securing the conditions that best enable citizens to lead worthwhile lives. From this perspective, the State should not be indifferent to the quality of the lives of its citizens and should aim to improve their well-being, autonomy and capacity to attain valuable goods/activities. Such promotion can entail different policy mechanisms, some of which have a Perfectionist rationale.[1078]

Though State Perfectionism does not necessarily entail paternalism, it does not proscribe the use of paternalistic policies. And, as policies guided by a Perfectionist rationale cannot be neutral to conceptions of the good and aim to secure the conditions for citizens to enjoy worthwhile lives, these can often be said to be guided by paternalistic motivations. Deneulin for instance, argues that *"no development policy can be neutral with respect to a conception of the good.* [...] *Policies that aim at letting people function in a full human way can only be undertaken on the basis of a perfectionist conception of the good, on*

[1073] Rose, Geoffrey Arthur, Kay-Tee Khaw, and Michael Marmot. *Rose's strategy of preventive medicine: the complete original text*. Oxford University Press, 2008, 38.
[1074] Wilson, "The Right to Public Health," *Philosophy for Public Health and Public Policy*.
[1075] Wall, Steven. "Perfectionism in moral and political philosophy." *Stanford Encyclopedia of Philosophy* (2007).
[1076] Wall, Steven. *Liberalism, perfectionism and restraint*. Cambridge University Press, 1998, 17-18.
[1077] Ibid., 13.
[1078] Wall, Steven. "Perfectionism and paternalism." In *The Routledge handbook of the philosophy of paternalism*, Routledge, 2018: 170-181.

the basis of the characteristics or excellences of a human life that is worth living, or rather on the basis of what is lacking of such a life."[1079]

Thus, where such policies are mainly motivated on the basis of improving individual welfare or excellence, these policies can be described as paternalistically-motivated. Where these are also implemented irrespective of people's attitudes towards the outcome being promoted, as they are for the Perfectionist (these may be cases of both hard and soft paternalism), and to some extent restrict liberty, these policies can also be described as, paternalistic. Moreover, Deneulin further argues, if such policies that promote the good seem paternalistic and restrict freedom,

"so much the better, since that type of paternalism is nothing more than the refusal to see another person suffering from not being able to live a human life. And that paternalism as non-indifference to the suffering of people lacking the conditions for living dignified human lives is nothing more than respect for people in their choices of living a worthy human life. Far from being a restriction on people's freedom, adopting policies guided by a perfectionist conception of the human good is the very condition for people to be free to live as dignified human beings."[1080]

The adoption of Perfectionist-paternalistic rationales for the justifications of policies is thus the expression of the desire of the State to minimise harm for its citizens, promote autonomy and the goods that sustain worthwhile lives. If we see health (as Perfectionists like Raz do[1081]), as being *"essential or helpful for a life of autonomy"*[1082] or to lead *the good life*, then failing to secure it is more objectionable than the potential restrictions on liberty imposed, as for the Perfectionist, such liberty is only valuable when serving autonomy. In addition, as the Perfectionist operates on a revised interpretation of the Harm Principle, whereby a lack of State intervention can be considered harm, the justification for paternalistic motivated interventions must be evaluated in accordance to such potential harm as, "*to harm a person is to diminish his prospects, to affect adversely his possibilities"*.[1083] Where the potential harm that could have been avoided is greater than the restriction imposed on individuals, the State should thus have grounds to intervene. This is what James Wilson refers to when claiming *"the Neglectful State is one that does not take easy steps that could have been taken to reduce risks to health, and as a result allows significant numbers to come to harm or death."*[1084] In this case, the immorality of neglect is greater than of intervening in ways that slightly restrict

[1079] Deneulin, Séverine. "Perfectionism, paternalism and liberalism in Sen and Nussbaum's capability approach." *Review of political economy* 14, no. 4 (2002): 516.
[1080] Ibid., 516-517.
[1081] Raz, Joseph. *The morality of freedom*. Clarendon Press, 1986, 408.
[1082] Ibid.
[1083] Ibid., 414.
[1084] Wilson, "The Right to Public Health," *Philosophy for Public Health and Public Policy*, 110.

liberty, e.g., enforcing the mandatory use of seatbelts, which restricts liberty a little in favour of important harm minimisation.

A common reproach of the use of paternalism is that it diminishes autonomy, which itself is key to the welfare of citizens. As such, anti-paternalists argue against such interventions on the grounds they are likely to cause more harm than good, particularly if they believe autonomy to be more valuable than the outcome promoted by the interference. However, this need not be the case. Firstly, many paternalistically-motivated measures do little by way of coercion. As Raz points out: *"a good deal of indirect paternalism is not only tolerated but is positively encouraged by many liberty lovers. They clamour for laws improving safety controls and quality controls of manufactured goods, and apply similar reasoning to demand strict qualifications as a condition for advertising one's services in medicine, law, or the other professions. These measures do not coerce those whom they protect. But neither are they designed to stop people from inflicting harm on others. Their net effect is to reduce people's choices on the ground that it is to their own good not to have those choices."*[1085]

In this case, paternalism does little to decrease autonomy (e.g., food safety standards policies). On the contrary, by increasing safety this merely makes activities more likely to realise their intended outcomes. In addition, paternalistic interventions can also serve to restrict activities that, while autonomously chosen, are not worthwhile (e.g., restricting the ability to be idle). While these have an impact on autonomously chosen pursuits, this surely provides little ground against the justifiability of the paternalism, since the activities hold little moral merit.[1086] Furthermore, as Arneson points out, *"restriction of choice now even to the extent of forcing a single choice upon the individual can pave the way to autonomous choice of that good or others later. This long-run fostering of autonomous choice of the good is easier to bring about if the coercion does not force upon the agent a single option thought to be good but instead prohibits some tempting bad options while leaving many other options open."*[1087] Though some interventions interfere with the quality/availability of certain options, they also contribute to fostering autonomy in choosing them in the future, for example, by educating or informing individuals into making more health conscious decisions. For instance, while the decades of interventions to limit smoking have had an impact on the ability to smoke, few would argue those who choose to smoke now, are less autonomous in their decisions. On the contrary, these policies have played an educative role in shaping the opinions we hold about smoking. The same can, and will likely, be said about policies on unhealthy foods. Finally, self-authorship and being autonomous does not require one to have every option available to them, merely to have an adequate range of options and control

[1085] Raz, *The morality of freedom*, 422.
[1086] Ibid, 381.
[1087] Arneson, Richard J. "Perfectionism and politics." *Ethics* 111, no. 1 (2000): 44.

over one's important life choices.[1088] Certainly, no one can control every aspect of their life. In that sense, paternalistic interventions do not necessarily restrict autonomy, so long as these leave an adequate range of options available to the individual and the ability to make the significant decisions with their life. For instance, it has been argued Perfectionist and paternalistic interventions are only unjustified where these intervene *"in the areas of the lives of citizens which are central to their identity and coerce or force them to abandon or revise their deepest personal yet morally acceptable commitments"*.[1089] This would be hard to argue in the case of most, if not all, public health food interventions. As such, the concerns that Perfectionist-paternalistic policies decrease autonomy and thus cause more harm than benefit, are largely unfounded. Thus, the State is justified in acting discriminatorily to promote the good and dissuade the bad, through paternalistic policies.

These elements of Perfectionism enable distinctive ways of thinking about the justifiability of paternalism in health. Where paternalistic interventions can contribute to securing the conditions necessary for citizens to live worthwhile lives, they ought to be considered. However, these also need compatible with the creation or protection of the conditions for autonomy and respect both the limitation of the use of coercion derived from the revised Harm Principle and conceptions of the good that are not morally objectionable (i.e., respect persons as rational agents). Inevitably, trade-offs between the positive promotion aspect of the policies (their improvement of welfare) and the negative aspect (limitation of coercion and respect of autonomy) will need to be assessed. Such trade-offs will need to be evaluated to determine whether the benefits are sufficient as to justify the interference. Paternalistic policies will thus be (more) justified where these promote elements more essential to *the good life*, e.g., the health conditions necessary for autonomy. Looking at Perfectionism can be particularly useful in assessing this justifiability of interventions, in accordance with the elements presented.

The Capability Approach

Similarly, the Capability Approach advocated by Sen and Nussbaum, also rests on Perfectionist and often paternalistic motivations in the ways it attempts to foster development. Deneulin notes that such an approach to policy justification, inevitably entails paternalistic policies.[1090] For instance, Nussbaum writes that most systems of law or legislation like bills of rights are paternalistic in the sense of telling people how they can, or cannot behave and keeping them from doing the things

[1088] Raz, *The morality of freedom,* Autonomy and Pluralism.
[1089] Ismaili M'hamdi, Hafez. "Neutrality and perfectionism in public health." *The American Journal of Bioethics* 21, no. 9 (2021): 33.
[1090] Deneulin, "Perfectionism, paternalism and liberalism in Sen and Nussbaum's capability approach," 498.

they wish to do, on the grounds these are, or are not valuable.[1091] Further, she notes *"my own view is that health and bodily integrity are so important in relation to all the other capabilities that they are legitimate areas of interference with choice up to a point."*[1092] As such, that the seeking of both individual and community (i.e., combined) capabilities, will sometimes justify the use of paternalistic policies, since health is both a valuable good in itself, but also intricately connected with other important capabilities and freedoms. If we agree to the central role health plays in living worthwhile lives as well as being critical to the development of capabilities, paternalistic interventions should be justified where these effectively serve these goals. Theories of government which proscribe the State from both ranking goods like health and promoting them, must come to terms with the fact that, in attempting to remain neutral to conceptions of the good, this will lead to worse-off conditions for their population, in terms of harms, diminished autonomy and failing to secure valuable opportunities. Discussions around the overall legitimacy of state paternalism are therefore of little help, rather we should ask how it can be instrumental in achieving *the good* and enabling human flourishing, partly, through the promotion of capabilities. Of course, we must admit that many citizens would most likely be able to reach such goals without such interventions, yet, as public health is merely concerned with the aggregate picture of population welfare, paternalistic interventions are likely to be justifiable in many cases.

Perfectionism, Paternalism and the Case Studies

These theoretical arguments are applicable in the context of our case studies. Given the implications of obesity and related illnesses for the countries involved and the negative externalities these have on societies, it is unfeasible not to expect responses from governments to these issues. States, who do not have the luxury of agnosticism, have little choice but to make decisions about the ways in which they deal with these problems, which will inevitably involve controversial rankings of goods and activities. This also requires interventions which interfere with the liberty of citizens, many of whom may not individually require them to be healthy, though this does not diminish the justifiability of implementing them nationally. I have argued that, according to a Perfectionist account, the State is justified in promoting the goods that secure the conditions that best enable citizens to lead worthwhile lives. And, in that sense, states ought not to be indifferent to the quality of the lives of their citizens. When the Chilean, French or various governments of the Pacific Islands take active measures to promote health above other goods or activities like enjoyment, they reject State neutrality in favour of the promotion of health in ways they believe

[1091] Nussbaum, Martha C. *Women and human development: The capabilities approach*. Vol. 3. Cambridge university press, 2000, 52-53.
[1092] Ibid., 95.

will best lead to improved welfare. When Vanuatu bans junk food or France bans VMs, claims are being made about the value of those choices with respect to the value of health and its contribution to living a good life. These policies are thus driven by paternalistic motivations, as they attempt to secure the conditions that will allow citizens to reach health goals. In doing so, they also try to minimise the social and economic harm caused by obesity and related illnesses.

In addition, while such interventions are sometimes denounced for restricting free choice or liberty, there are a number of ways in which they contribute to, or at least, do not interfere with autonomy. In some cases, it might be argued, that, these policies play a guiding role in informing and educating citizens when it comes to the decisions regarding food, while, by restricting access to less health options, these also guide people towards more worthwhile options. In the case of the Mexican sugar tax for instance, Véliz argues that, by improving access to potable water, though potentially reducing the number of SSBs available, the Mexican sugar tax still contributed to increase the adequacy of options of citizens and thus autonomy.[1093] In any case, as autonomy mainly concerns the ability to make important decisions about one's life, it is hard to argue that by increasing the price of SSBs, making children go to supermarkets to buy a drink or making shoppers walk to the middle of the isle to get a chocolate bar, governments are having an impact on autonomy at all. Finally, if health is indeed central to the promotion of the capabilities that allow us to live our lives autonomously, it is then justified to use such interventions to shape our food consumption, as the benefits from a healthy diet and life (including on autonomy) far outweigh the inconvenience or small cost of most of these interventions.

Conclusion

This chapter has attempted to address a number of issues linked to questions of paternalism in public health food policy. In trying to do so, I established a general outline of the existing accounts of paternalism in the literature, which mainly focus on the term in personal, rather than State-individual relationships. The concept of paternalism is highly debated and the multitude of existing accounts often make the term complicated to discuss. As such, beginning with an outline of these different accounts, their components and the types of paternalism is important to any discussion of the concept in politics, if we are to avoid any misunderstandings.

I discussed some of the conceptual issues in making claims about policies being paternalistic, as many of the issues that can be said to make an action paternalistic between persons are more nuanced at a policy level. It is therefore more complicated to determine with exactitude the extent

[1093] Véliz, Carissa, Hannah Maslen, Michael Essman, Lindsey Smith Taillie, and Julian Savulescu. "Sugar, taxes, & choice." *Hastings Center Report* 49, no. 6 (2019): 27-28.

to which policies are paternalistic. However, in essence, where a health policy is largely aimed at some population heath improvement (beneficence) and, to an extent, both, restrict the liberty of the individuals subject to it and is implemented irrespective of their consent, it will be, to a degree, paternalistic. I have attempted to assess the importance of each of these criteria in looking at the justifiability of paternalistic interventions. The ways in which each of these criteria relates to interventions will help in determining whether such interventions are justified in practice. Looking at these, particularly the issue of beneficence, will also require going beyond the personal motivations policymakers have for implementing them and, instead, looking at the plausible normative justifications for interfering or restricting citizens for their own good. Assessing these elements is an important first step in evaluating the justifications of such policies.

Where interventions are, according to the elements of these different accounts, paternalistic, it will also be crucial to look at the justifications for these and the goals they aim to achieve, to assess their justifiability. I proposed that there are a number of arguments to support the use of paternalistic interventions, where these can contribute to securing the conditions and capabilities necessary for citizens to live worthwhile lives. However, that such interventions also need to be compatible with the creation or protection of autonomy and respect the limitation of the use of coercion and pluralistic morality. An evaluation of these arguments in the context of the case studies of this project and the broader field of food policy suggests many paternalistic food interventions are indeed justifiable as they minimise collective harm and support the autonomy and environments necessary for citizens to be healthy. Undoubtedly, the elements policies seek to promote also need to be assessed with reference to the constraints they impose. Policies should seek to promote welfare and autonomy in some proportional measure to their restrictions on liberty. However, as seen, in the case of most food policies, such restrictions are often minimal compared to the collective benefits that can be achieved through State action. Ultimately, I argued it is simply unrealistic to assume the State can simply take a *laissez-faire* approach to health policy, when it is accountable to the lives of its population and must deal with the consequences of the sum of individual health decisions. Thus, in many cases of health interventions, such as those presented in the case studies, these interventions ought to be welcome, even where these might negatively impact the freedom of individuals or partly go against their consent, since there are a number of legitimate ethical justifications to embrace interventionism when it comes to health promotion.

Chapter 12 – Ethical Claims and their Policy Applications

Introduction

The four previous ethics-focused chapters have aimed to illustrate how the analysis of practical policy case studies through political theories can be a useful exercise in assessing policy justifiability. From the philosophical examination of the different elements, dilemmas and arguments that contribute to the justifiability of policies, I have attempted to highlight that some of the critiques presented against policies are sometimes unfounded or based on misunderstood concepts, while some arguments in favour of them are defensible. In addition, in some cases, important concepts also need to be considered for policies to be justified, notably, those studied in this thesis: culture, equity, liberty and paternalism.

These are, by no means, the only ethically significant considerations that ought to be looked at when studying the justifiability of policies. However, these are important in assessing both, the normative justifications for policies and the common concerns voiced about them in public and political discourse. Moreover, these four topics stood out most from the inductive analysis of these cases and as such, were most relevant in looking at these specific policies and related issues. However, further analysis of other important ethical policy concepts would undeniably be useful, e.g., rights, justice (beyond equity), political transparency or the democratic quality of policies.

Following the analysis, I propose a number of claims (tabled below) for these four different topics, which I hope will be helpful in looking at the ways in which we understand the justifiability of policies. That is, where policymakers aim to implement policies which are ethically justifiable in relation to, say, equity or liberty, some consideration of these ideas will be useful. These claims alone do not constitute an exhaustive list of what makes policies ethically justifiable with regards to culture, equity, liberty and paternalism, yet policymakers should attend to these claims in specific ways if policies are to be (more) justified. The following section thus presents these claims, how policymakers ought to use or think about them and how looking at them can be useful in reflecting on and shaping policies outside of those of this thesis, whether in food or other policy areas. The rationale for applying these claims to health policies outside of those of this thesis, was to highlight the relevance of this process of analysis in dealing with the broad scope of health interventions. This, in turn, shows the potential of the application of my method to the larger field of policy, beyond sugar reduction. Moreover, I aim to show claims made from the analysis of case studies,

can also be helpful outside of those specific cases, thus substantiating the claim by Wolff that "*most policy dilemmas have their counterpart elsewhere*",[1094] and that we should learn from them.

Ethical Claims	
Culture	The reliance of states on cultural arguments to justify policies may be legitimate as the goods necessary for citizens to live valuable and well-lived lives will vary according to country/community. Culture, norms and traditions may be relied on to serve public health. Public health food interventions may not be universally effective, but instead should bear social meaning in their communities. The promotion of food cultures may be compatible with autonomy.
Equity	Public health has traditionally been driven by Liberal values, which have hindered the promotion of equity and pushed states to adopt low-coercive interventions Conceptions of equity should be centred on groups, our relationships within them and community understandings of the goods that matter to fairness. Communitarianism is useful when looking at equity promotion as trust is more pervasive in communitarian contexts and may help incorporate community values in health. Promoting combined capabilities is important in fostering equity.
Liberty	Liberty is a complex term in political theory and there may be many things we understand by it. The justifiability of interventions that affect liberty (and where claims around liberty are made) will require some consideration of the meanings/concepts associated with the term. Some elements and ways of thinking about liberties (and their infringement) make more of a difference to the justifiability of interventions. Distinguishing and understanding them is particularly important.
Paternalism	A health policy is paternalistic where it is largely aimed at some population heath improvement (beneficence) and, both, restrict liberty and be implemented irrespective of their consent. Assessing the justifiability of paternalistic interventions requires looking at each of the conceptual elements that make it paternalistic. Paternalism can be justified where it contributes to securing the conditions and capabilities necessary for citizens to live worthwhile lives.

[1094] Wolff, Jonathan. "Method in philosophy and public policy: Applied philosophy versus engaged philosophy." In *The Routledge handbook of ethics and public policy*." Routledge (2018): 19

Culture

Thinking about culture and the values instantiated in specific cultures is important when thinking about justifying policies. This is useful both, where culture serves to justify the use of policies directly, or where it provides a framing to thinking about the goals and effects of policies (e.g., where they aim to reinforce a particular aspect of culture) that ultimately influence their justifiability. Culture must thus be assessed in a range of specific ways when considering policies. This includes, looking at the place the goods/activities being targeted by policies hold in community or national culture, how policies can contribute to securing or protecting cultural goods/values, or seeing which aspects of culture/traditions are compatible with the promotion of health (and how they interact with health). Where cultural practices are compatible with health policies, this can provide further grounds to implement them, though in some cases, unhealthy cultural practices can also be worthy of protection. Understanding the interactions between these cultural elements and State interventions, will help ensure policies can respect cultures, promote valued cultural goods/activities along with health or, where interventions go against particular cultural practices, that sufficiently robust justifications are provided (without which, policies will be less justified). For example, some cultures disagree with organ donations from deceased donors for religious reasons, believing this violates the integrity of the dead. Where policies are introduced to legalise or incentivise such donations, these will need to be accompanied by, either, strong justifications in other areas such as health or economics (e.g., there is a higher need for organ donations in that country than in others) or additional culture-specific justifications, such a religious ones (e.g., arguing that such donations can in some instances be compatible with scriptures). Similarly, in the context of policy, for instance, where HFSS foods are highly valued as part of cultural, social or religious activities, intervening to decrease their consumption will require stronger justifications than in instances where these are less culturally significant. Cultural perceptions frame the context in which policies are used and justified. They should thus bear social meanings compatible to the values of communities.

Furthermore, this means the arguments used in favour of policies, will often need to go beyond mere health justifications (e.g., scientific evidence) and consider the context in which they are used. For instance, the justifications used for paternalistic interventions where individuals place a high value on the consumption of say, SSBs, will (partly) look different to those where individuals places a higher value on the outcome of the policy or the protection of traditional values. If the French place a high value on the protection of traditional food culture and practices, whereas Americans place a higher value on freedom of choice and the availability of options, justifying the same sugar tax will need to go further than simple claims that it is effective at improving health.

In the French case, this might entail relying on cultural arguments to defend the policy, while in the American case, discussions around free choice and the (un)coerciveness of the intervention may be more relevant.

In addition, as the goods and activities necessary for citizens to enjoy worthwhile lives, to an extent, vary by community or country, it can be legitimate to promote policies on the grounds they protect/promote culture or use cultural justifications to defend them. Looking at the promotion of specific elements of culture through policy, can make sense when presented as a Perfectionist objective good, which promotes human flourishing, i.e., taking part in culture contributes to living *the good life*, either as a good in itself or instrumentally. Food cultures, for example, can, in some cases, be compatible with the promotion of health (e.g., by promoting commensality). Such instances of compatibility between health and culture promotion can provide further legitimacy for the use of policies and support the use of cultural arguments to justify them. However, as important contributors to living worthwhile lives, cultures (or elements of), must also be assessed when clashing with public health goals. There are instances where these will be worthy of protection even where they do not align with population health goals, or where health policies will need to be tailored to try to respect them. Of course, this can only be the case if the aspect of the culture at stake does, in fact, contribute to *the good life*. Equally, though these cultural elements can have some inherent value, this does not necessarily entail they ought to be maximally promoted or promoted above health-compatible aspects of the same culture. Where practices have to be curtailed, looking at culture will allow us to question, for instance, why there might be legitimate reasons to limit free choice, how the value of health gains can balance out the limitations on cultural practices and how policies should be shaped accordingly. In the area of food policy, many countries have adopted policies to limit the consumption of fats (e.g., Denmark's 2003 ban on the use of artificial trans-fats), yet some foods containing trans-fats can also have important cultural or historical significance. *Manteca* (lard), for example, has been a common ingredient in Latin American cuisines for centuries. It is used in many types of dishes and sometimes constitutes a key part of the flavour of the dish. Policies aiming to reduce the consumption of *Manteca*, will need to be considered in relation to its impacts on food cultures and cooking. Failing to consider these implications will inevitably decrease the justifiability of related policies.

Let us now attempt to apply these ideas to the context of a hypothetical health policy, to show how they can be useful in guiding policymakers in its design and implementation.

Policy Application: Excise Taxes on Alcohol

The country of San Lorenzo (fictional) is a large wine producer and consumer. Wine has been part of its gastronomic heritage for centuries and the country has developed many traditions around it. Wine is an important feature of the diets of its citizens and is often consumed during events or celebrations as a symbol of hospitality and enjoyment. It also features in religious ceremonies and is a source of artistic inspiration. As a result, wine is a highly valued cultural good in the country. However, the high consumption of wine in San Lorenzo also poses a number of public health issues, like higher rates of strokes, cirrhosis, pancreatitis and some cancers than in neighbouring countries. Policymakers in San Lorenzo are therefore considering implementing a new volumetric excise tax on wine to decrease its consumption. Given the previous claims about culture and health, policymakers will want to consider the following.

Firstly, they will need to assess the cultural significance of wine in the country, how the policy might affect the different activities linked to it and how the public might react to the intervention. Understanding the value of this good for the country and its culture will provide a first important contextual framing to looking at the justifiability of the policy. Given the cultural significance of wine in San Lorenzo, the justifications for this policy will need to be sensitive to the ways in which it plays an important role in the lives of its citizens. In addition, policymakers will need to address concerns that the policy might negatively affect culture in the country (whereas this would not be needed in neighbouring countries, who consume and value wine less).

As expected, policymakers should firstly, present the health-related justifications for the potential introduction of the policy, such as lowering the rates of specific diseases or cutting down on healthcare costs. These will from an important basis of the overall justification of the policy as a health policy could not conceivably be justifiable without some evidence of how it can lead to improved population health. However, these justifications will not be sufficient in dealing with the concerns that the intervention will decrease access to this valuable good. Policymakers will therefore need to demonstrate the policy does not coerce individuals into not drinking wine or significantly dissuade its consumption, rather, that it seeks to educate and guide citizens into making healthier decisions. In that sense, the policy acts as a method to signal to consumers what the potential costs of overconsuming alcohol are, to themselves and society, i.e., it raises public awareness about the issue of wine consumption while making the societal costs more obvious. In addition, they may also rely on cultural arguments to justify the policy, for instance, noting the intervention can enhance the cultural richness of the country, by encouraging or supporting the preservation or innovation of other cultural goods or activities in ways that are compatible with health, e.g., if the tax is earmarked for the promotion of other cultural goods/activities. Therefore,

that the policy will not erase or diminish the cultural identity or heritage of the people who are affected by it, but rather support it by introducing or facilitating new or alternative forms of cultural expression or creativity that are less harmful for health. This policy could also, for instance, incentivise producers to focus on other products derived from grapes like juice or others foods which also hold cultural significance. In addition, the volumetric tax could also be tiered according to the alcohol content of the wine to incentivise the production of wine poorer in alcohol and which would still be compatible with the culture of the country.

In considering the country context and preferences, policymakers should also attentively cater to the other relevant cultural values of its population. If the population places a high value on freedom of choice and individual responsibility, San Lorenzo officials could emphasise the policy is not intended to prohibit wine consumption, but rather to nudge consumers towards healthier habits, leaving them with the choice to still consume it. If the population places a value on collective welfare and solidarity, policymakers could emphasize that the policy is not intended to stigmatise or discriminate wine consumers, but rather support them and their families and communities from alcohol-related harm, particularly where they are uninformed about it. They can also attempt to demonstrate, that while recognising the cultural value of the wine, that as health is key in leading good lives, including by allowing participation in cultural activities, limiting wine consumption will improve the ability of (particularly high-risk) citizens to achieve other goals or partake in other cultural practices related to work, sports or events of various kinds. This will also foster an environment in which it is easier to make healthy decisions and thus exercise the internal capabilities related to health.

However, given this cultural value of wine, policymakers can also try to tailor the policy in ways that make it more suitable to the culture, thus increasing its justifiability. Such adjustments will inevitably lead to trade-offs with other practical factors like effectiveness, which will need to be evaluated. Officials in San Lorenzo, could propose measures to mitigate the negative effects of the policy on wine culture, such as exempting certain types or quantities of wine from the increased cost, providing subsidies or incentives for wine producers who adopt healthier practices or, as mentioned, design the tax in such a way that it decreases the alcohol content in wine rather than the consumption of wine per se (e.g., through a tier system). To further support the justifiability of the policy, they can also consult with wine producers or other stakeholders to shape the policy in ways that minimise its potential negative cultural implications on the population.

Overall, addressing and thinking about these cultural factors will be key in making sure adequate justifications are provided to support the policy. These considerations will also help in tailoring

the intervention in ways that are most compatible with access to this cultural good and reflect the social practices of the population. Failing to consider these elements will lead to the policy being less justified with regard to these practices and culture. Thus, policymakers in San Lorenzo will want to be careful not to merely rely on health justifications, as these alone will fall short of justifying the impacts of the policy in culture-appropriate ways.

Equity

Group considerations are essential in evaluating the impacts of policies on equity. Policies ought to take into account community values and processes if they are to be fair, since fairness is rooted in perceptions of justice, duties, responsibilities and ideas of what is owed to persons within these groups. Equitable interventions should focus on community standards and practices, since actions driven by individual-focused factors, such as, personal motivations or the individual-characteristics of those targeted by the policy, can often lead to unjust policy solutions. In addition, merely looking at the relation between interventions and Liberal values like personal responsibility will also fail to justify interventions that best promote equity.

In thinking about the role of groups and communities in equity, there are elements of Communitarian thinking that enable distinctive ways of understanding how policies are justified. While these are not the ultimate or overriding values when it comes to assessing policy legitimacy, they provide an important frame to think about justifications. These elements are the following.

Non-universal community standards, including standards of justice, help in framing equity issues in specific contexts, meaning there may be contexts where these standards provide justifications for a policy but not in others. For instance, health policies related to end-of-life care, such as euthanasia, are influenced by social values, ethical principles, and public health frameworks that vary widely across countries. In some countries, like the Netherlands, where there is a strong emphasis on individual autonomy and tolerance, voluntary euthanasia is considered an acceptable option within public health policy. Conversely, countries like India (though passive euthanasia is now legal in certain cases), where social values and beliefs are rooted in religion and other traditions such as those of the reverence for life or the importance of natural life cycles, might consider such a practice unethical (of course, there will also be disagreements within each population about the issue) and thus rule out is consideration as a viable tool to fulfil national health objectives. In either of these cases, these norms provide a framing to issues of equity which are worth considering. While the illegality or lack of access to such a procedure will might not seem to be relevant for considerations of equity in India, they will in the Netherlands. Public health systems cannot effectively address health disparities without first understanding the community-related goods that

are considered important to equity. Some inequalities will necessitate less public policy action where they are not considered inequities. Similar arguments can be made in a range of other policy areas, e.g., national restrictions on alcohol consumption. As such, community standards ought to be considered, insofar as they provide the context to reflect on issues of equity and help determine what might or might not be equitable.

The ideals and traditions of those communities are also valuable in themselves and are thus relevant to the ways in which policies are justified, since they also provide a frame to judge equity, for instance where they are related to access to valuable community goods. If we take valued community goods and activities to be both, components of living good lives and specific to different contexts, these will also shape the way we understand the promotion of equity in specific communities or countries. For instance, countries where a religion is predominant might have laws to accommodate for religious practices or events (e.g., by providing holidays to engage in religious ceremonies). Similarly, communities that attach a strong value to their food culture may wish to see it being promoted and made relatively accessible (e.g., the promotion of specific foods in schools). Some countries also attach special importance to their traditional systems of medicine and incorporate them in the broader practice of medicine (e.g., China). In all these case, a lack of access to these valued community goods would be understood as an issue of justice in those communities but not necessarily in others, e.g., the lack of access to Chinese medicine in Egypt or lack of accommodation for religiously significant events in China would not be considered an issue of equity or fairness. In some cases, community specific values can clash with other policy goals (e.g., religious exemptions for vaccinations). Respecting community traditions, beliefs or cultural practices might thus entail adapting policies accordingly. In all these cases, such community traditions and ideas will be relevant to justifications around equity since they help determine what goods/activities relate to conceptions of fairness and how accessing them is relevant to justice. Where these valued community-specific goods/activities matter to equity and are negatively affected by State interventions, these interventions will be less legitimate or require strong justifications.

Communitarian understandings of health can also help us think about the elements which support equity through the promotion of combined capabilities, by creating or sustaining the environments which enable equitable processes, support self-governance, trust or respect community ideas through public engagement and deliberation. A number of existing health policies do seek to promote such combined capabilities. For instance, the WHO's Healthy Cities movement, aims to provide evidence and policy recommendations for the creation of healthier and more equitable cities, going beyond looking at simple cause-effect relationships and negative health outcomes,

instead being sensitive to the variety of norms, behaviours and practices within those cities. As they note: *"Context is important. The divergence of socio-political conditions is challenging. Each local government area has a unique combination of characteristics, is located in a specific place and has profound roots in social, cultural and political history".*[1095] Such an approach aims to promote health and equity in cities through methods of participatory governance, inter-sectoral collaboration, community empowerment and addressing the social determinants of health. Community-focused policies which enable self-governance or improved trust in systems might also include policies aiming to support or train community health workers in certain contexts or the use of representative councils in various aspects of governance. Looking at communities and how these can support the combined capabilities which enable equity is thus fundamental in designing fair health policies.

Seeking equitable policies will thus, to a degree, depend on these elements, since deviating from community justice standards can be unfair in many cases, while introducing policies irrespective of local views or norms can also lead to unjust solutions by clashing with other valuable goods/activities or changing their access in inequitable ways. Finally, looking at some of the elements in Communitarianism can also help in understanding how to promote equity in health by focusing on community trust, self-governance, and the promotion of combined capabilities, while public reflections and deliberation can also lead to just solutions. Let us also apply these ideas to the case of a hypothetical policy to show how these considerations work in practice.

Policy Application: Universal Health Coverage

The Government of Costaguana (fictional) wants to introduce a new system of Universal Health Coverage (UHC), having previously had a healthcare system where citizens mainly relied on out-of-pocket payments for health services. Policymakers wish to provide quality health services in the most equitable way possible. They will want to consider the following elements.

UHC is not a one-size-fits all health system and different countries and cultures will have different views on what constitutes quality, affordability or fairness in health. Policymakers will thus need to be sensitive to the context, standards and values of their country when introducing UHC, particularly if they wish to do so equitably. Policymakers will, firstly, want to identify what the relevant community or country standards and values are, and how these can affect UHC. These might include standards of justice as codified in law, or unofficial standards stemming from religious beliefs, culture or traditions. Such standards will come to frame how equity will be

[1095] De Leeuw, Evelyne, Agis D. Tsouros, Mariana Dyakova, and Geoff Green. *Healthy cities: promoting health and equity–evidence for local policy and practice: summary evaluation of Phase V of the WHO European Healthy Cities Network*. World Health Organization. Regional Office for Europe, 2014, 20.

perceived in the country and influence what is sought in health policies. For instance, the new UHC may need to make accommodations for the different religions in the country (e.g., allow patients to ask for health providers of the same faith, ensure health workers are trained to respect the beliefs of their patients or provide flexible working hours for those who need to observe religious duties), be sensitive to the role of the family/community in providing health (e.g., by involving family and community leaders in the promotion of health or through the provision of home-based care services), or be conscious of the different health beliefs in the country (e.g., cultures have different attitudes towards medication use, and may prefer natural remedies or to avoid drugs altogether). These beliefs set the defining context for equity in healthcare in the country. In designing its health system, officials will want to pay special consideration to these beliefs, e.g., by catering to religious practices. Other elements to consider might include: different perspectives on death, the role of gender in health provision or the different psychological attitudes towards health and medicine.

On a larger scale, being attentive to these community values and norms might also rule out or restrict the use of certain interventions altogether. For example, the main religion of Costaguana attaches special value to the idea of the sacredness and inviolability of life. In attempting to reflect and adapt to the views of its population, the country may wish, for instance, to limit euthanasia policies to its passive forms (e.g., cessation of treatment), rather than having a policy of voluntary euthanasia. In all these cases, these norms and practices will shape what is considered fair. Where health professionals or policymakers deviate from these norms and standards, concerns over equity are likely to arise, e.g., if they fail to respect the religious accommodations that have been set out within the health system for patients, particularly where these accommodations are considered as "owed" to persons.

Equally, the Government of Costaguana will also need to pay attention to how the valued goods within the country matter to the promotion of equity, particularly how policies that affect culturally valued goods or activities might be considered from a perspective of justice. Similarly, negatively influencing the access or availability of these goods for certain patients will lead to inequitable outcomes. As a country dealing with linguistic diversity, the Government might want to make sure health services can be provided in the languages people understand, and health workers are trained to communicate effectively with patients from different linguistic backgrounds, or that translators are available if needed. As Costaguana has a strong food culture, it is likely to wish to promote this culture along with health, for instance, supporting the production and consumption of local foods, or nutritional education and counselling tailored to the dietary habits of its population. Where citizens also highly value specific types of medicine, such as natural or traditional treatment, this

will also matter to equity. Again, deviating from the accepted expectations of what is owed to persons with regard to these goods will be considered inequitable. If, for instance, a patient were refused access to traditional medicine or did not receive care in their language, this would be considered a matter of justice, particularly if this leads to worse health outcomes for them. In some cases, these practices will be respected by default (e.g., if a country has a dominant food culture, it is unlikely it would promote anything other than that culture), yet in other cases, like catering to linguistic diversity, more government intervention will be required to ensure equitable care.

Finally, to ensure equity is sustained through the promotion of combined capabilities and the environments which support fairness, Costaguana could, for instance, emphasise the role of education as a core capability needed for equity, since disparities in education can lead to inequitable outcomes from interventions (e.g., see the discussion in the Chilean case study). Costaguana may therefore wish to focus on education, insofar as it is related to good health, for instance by teaching topics such as hygiene, nutrition, mental health, and substance abuse in schools. It could also provide health information and conduct health awareness campaigns through various media channels or support community-based health education initiatives, such as peer education or health fairs. "Levelling out" education across the country through the development of capabilities and health autonomy could thus serve to promote equity. To support other aspects of community-based equity, Costaguana could encourage communities to participate in the governance of their health systems, by involving them in the planning, implementation, and evaluation of health policies. For example, it could establish community health committees, which are representative groups of community members who act as liaisons between the health system and the community. These committees could have roles such as identifying health needs and preferences, providing feedback and suggestions, mobilising resources and supporting or advocating for rights and entitlements. In addition, to increase trust (and political justifiability), the country could rely on public consultations, surveys, or referendums to solicit input from communities on health issues and policies. It could also organise deliberative forums, such as citizens' assemblies or dialogues or use support social movements, advocacy groups, or civil society organisations. Finally, the State could also ensure trust in the system through transparent procedures, robust health regulation and a progressive financing system whereby richer regions contribute to financing the healthcare of low-income areas to ensure a good standard of UHC across the country.

While these are merely suggestions on how the use of these claims can be used to guide public policy practice, I hope they will have demonstrated that looking at theories like Communitarianism can help translate into more practical policy solutions. This is not to say that looking at other

theories like Liberalism, cannot also be useful (e.g., it can be useful in looking at the legitimacy of State interference in private lives to meet health goals). Yet, through both the study of policy and the ethical analysis of theories, practical solutions to concrete problems of equity can be found.

Liberty

Liberty is a complex term in political theory. Discussions around the justifiability of interventions that affect liberty will require some consideration of the meanings and concepts associated with the term. Some of the elements and ways of thinking about liberties (and their infringement) make more of a difference to the justifiability of interventions. These are: the role of public deliberation in the determination of policies (political justifiability), the instrumental relationship between economic freedoms and the benefits conferred by a markets, the contribution of liberties to public good(s), the autonomy-based doctrine of freedom (i.e., where freedom contributes to supporting autonomy) and whether these are compatible with the limitations of the use of coercion/interference in private lives and value pluralism. However, while introducing policies in according with these conceptions, will make policies more justified with respect to the different notions of liberty, these different conceptions will be appropriate to varying extents, in different contexts. Understanding these contexts is particularly important in assessing the justifiability of freedom-affecting policies, particularly where different conceptions of liberty clash, e.g., Negative and Positive Liberty concerns. This means that promoting policies that are justified with reference to liberty, will not entail privileging one account of liberty over others and applying it to all areas of policy, but rather, attending to these accounts in different ways depending on the purpose or scope of the policy and the values or implications at stake for these policies.

When discussing policies, of which the main goals are the development of autonomy or the promotion of the capacities that promote well-being and the ability to reach valuable goals, Perfectionist or Capability accounts of liberty will be more appropriate. For instance, these approaches to liberty make more sense in the context of discussions around the provision of education or promotion of health. Yet, when discussing ideas of freedom of speech, movement, association or religion, the concept of Negative Liberty will be more relevant. What is sought in the former is the promotion of the conditions necessary for autonomy that are dependent on State action. In the latter, what is sought, is the opposite: a lack of intervention and coercion in order to be free. Yet Negative Liberty is unhelpful when trying to determine which health policies should be put forward, since its promotion is almost entirely incompatible with the range of policies that exist in health, beyond providing information or low-coercive policies like nudges. This view of Liberty is therefore of little use to the policymaker wishing to best enable collective health.

Equally, while some aspects of Perfectionist liberty are interesting to look at when studying free speech, individuals will always seek some privacy and level of State neutrality when expressing their views. As such, these conceptions matter differently depending on the policy context. However, in many instances, multiple concepts of liberty will be helpful to look at, particularly when responding to claims about the impact of policy on another aspect of liberty. For instance, while states should try to promote autonomy by providing education, health or safety, where they use overly coercive or paternalistic policies to guarantee these, justifications will still be needed with regard to the infringement on Negative Liberty. For instance, the taxes implemented in the Pacific Islands to curb obesity were likely justified given the health context, particularly with reference to Perfectionist conceptions of liberty. Yet, providing responses to those who feel their liberty has been restrained if they can no longer drink their favourite SSB, still matters. In this case, this particular restraint must be weighed out against the more relevant conception of liberty, and the other policy justifications (whether ethics based or not). Understanding which conception of liberty is most appropriate to the justification of a policy, while being attentive to the impacts of the said policy on other accounts of liberty, is therefore key in implementing justifiable interventions.

Some of the focuses of different conceptions of liberty will also be more useful when it comes to assessing the legitimacy of the creation of policies, rather than their outcomes. The Republican view of liberty, with its focus on public participation, deliberation and engagement is helpful in the overall conception of policies and in providing justifications to the issue of the democratic quality of interventions, which itself, serves their political justifiability. Such a conception will be particularly useful when trying to guarantee the political liberties of citizens or ensuring that policies represent their interests. Let us again apply these ideas to a hypothetical policy.

Policy Application: Non-Invasive Prenatal Testing

The country of Angria (fictional), with its large population, also has a high rate of births with chromosomal abnormalities, such as Down, Edwards, Patau or Turner syndromes. Given the rates of these conditions, the Government of Angria is considering introducing a new national voluntary policy of Non-Invasive Prenatal Testing (NIPT) to curb these rates, which, through a blood sample of the mother, analyses the DNA of the foetus to detect these chromosomal abnormalities with a relatively high detection success rate. Following the results, mothers will then be able to decide what they wish to do with the pregnancy and prepare for any adjustments they might have to make for their child.

Before implementing such a policy, officials should reflect on the potential impacts it will have on different liberties. In order to do so, they will first need to identify which elements of liberty are at stake and are most helpful in thinking about these issues. In this case, concerns about the relationship between economic freedom and markets are largely irrelevant, while concerns regarding Negative Liberty are minimal, since the programme is entirely voluntary and thus mothers would only go through it subject to informed consent (the procedure would have to be well-explained to them by their physician or relevant actors). There may be some potential Negative Liberty concerns to do with the foetus, though, as the policy seeks to benefit mothers (and parents), this concern would be secondary and subject to the views the country holds about the legal or moral status of unborn children. There are also questions to do with privacy and the way the information provided is handled by the State, however, in this case, let us assume that strong measures would be taken to keep the information private/secure and that the data would only be made available to the mother and their physician. Though these concerns around Negative Liberty ought to be addressed, the most useful conceptions of liberty that will be relevant in this instance will be the account of Perfectionist liberty, and its autonomy based-doctrine of freedom, whereby the State has a role to play in creating the conditions necessary to support autonomy and autonomous decisions, in this case, the autonomy of mothers. Perfectionist accounts of liberty focus on how governments can act to secure the moral autonomy of individuals or provide them with the environments that best promote their well-being and ability to attain valuable goals. In this case, policymakers should therefore consider how such a policy does contribute to supporting these elements.

NIPT could contribute to supporting autonomy in different ways. It would certainly do so by improving the adequacy of options available to mothers when making reproductive health choices. It would provide the women of Angria an additional option to screen for the potential chromosomal abnormalities of their foetuses, without invasive procedures that pose risks to the pregnancy. This option would also allow women to exercise their reproductive autonomy by deciding whether or not to undergo the test, and what to do with the results. Some women can choose to continue the pregnancy regardless of the outcome, while others may opt for termination. Some women might also use the information to prepare for the birth and care of a child with special needs, or to seek further diagnostic tests or interventions. In addition, NIPT could also be said to promote self-reflection and critical thinking. NIPT would require women to deliberate about their reasons and motives for seeking or declining the test, and to weigh the benefits and harms of different courses of action. NIPT would also prompt women to reflect on their personal and social values, such as their views on disability, parenthood, and quality of life.

Equally, it would challenge women to confront the ethical dilemmas and moral responsibilities that arise from the test results, such as how to support their child's well-being. Finally, beyond improving both the adequacy of options and reflection on these issues, such a procedure could also contribute to autonomy by providing valuable information that would inform women's choices about their pregnancies and futures. NIPT would offer relatively accurate and early information about the genetic characteristics of the foetus, such as its sex and chromosomal status. This information would help women understand the risks and probabilities of having a child with a chromosomal abnormality, and the possible implications for their health and development. This would also enable women to access relevant sources of support and guidance, such as genetic counselling, peer support groups, or medical specialists. Exercising autonomy is partly dependent on the ability to make rational and informed choices, in this sense, NIPT could contribute to improving the quality of women's decisions. This is especially important considering the nature of the decision. The exercise of autonomy is more important when it comes to the significant choices in one's life. While it is useful to have more information about one's breakfast cereal or what fabric one's clothes are made from, accurate and useful information regarding one's child and their future life is likely to be more important. In all these ways: the provision of information regarding a significant life choice, improvement of the adequacy of options available and the promotion of self-reflection, could the new intervention be said to support autonomy. NIPT is thus be justified from the perspective of the Perfectionist doctrine of autonomy-based freedom.

Of course, there may be negative aspects and trade-offs that will also need to be considered. For instance, policymakers should ensure the intervention does not lead to social pressure or coercion to undergo testing or to terminate affected pregnancies. Equally, they should establish support to mitigate the potential feelings of distress or guilt that might be felt by women. The intervention should therefore be tailored to these concerns, for instance, by providing pre-test and post-test counselling. Finally, though the Perfectionist conception of liberty does seem more relevant in this context, policymakers should also be prepared to provide defences to issues to do with other aspects of liberty for the policy to be more justified, e.g., questions surrounding the Negative Liberty of the future child to not be tested against their will. However, in this case, I argue that such a Perfectionist conception is best placed to provide answers to the ethical questions of policymakers regarding whether they should offer this type of testing to the women of Angria.

Paternalism

Paternalism is an equally complex term in policy as liberty and there are many theoretical disagreements about what makes an action or intervention paternalistic. In addition, the nature of

policy makes it so that the elements that make an intervention paternalistic on an individual level are more nuanced and complex on a policy level and it is thus harder to determine with exactitude the extent to which policies are paternalistic. Though, in essence, to be considered paternalistic, a health policy will need to be largely aimed at some population heath improvement (beneficence) and, to an extent, both, restrict the liberty of the individuals subject to it and be implemented irrespective of their consent. However, when trying to determine whether a policy is paternalistically-motivated (in terms of beneficence), it is important not to merely look at the given justifications for that policy, but instead look at the plausible normative justifications there are for restricting citizens for their own good. Regardless of the motivations of those who implement them, where there are valid reasons for interfering with individuals for their interests, such interference will be paternalistically-motivated. For instance, if there are good reasons to use an intervention which prevents individuals from harming themselves, independently from the psycho-social motivations policymakers have for implementing it, that policy can be said to be paternalistically-motivated. Whether that intervention is, to a degree, paternalistic will depend on its relation to the other elements that matter to paternalism.

Where policies are paternalistic, that is, where they, follow the three aforementioned points of beneficence, liberty and consent, I argue that assessing their justifiability will follow from two steps, including, firstly, an assessment of the justifiability of each of the elements that make it paternalistic. Paternalistic interventions will be more or less justified with regard to their interference with liberty, depending on what liberties are most relevant in the specific context and what the policies seek to promote, e.g., a paternalistic intervention might be more justified with respect to liberty in the field of education than a paternalistic intervention that interferes with freedom of speech. Equally, the extent to which the policy aims to benefit those subject to it will also matter to its justifiability. Where the policy is largely or even solely aimed at improving public health, it will be more justified than if the beneficence element is only secondary to the policy (in terms of being a plausible justification). Finally, though paternalistic interventions are implemented irrespective of consent, consent matters, either as a defining factor of paternalism (a policy that purely follows from general consent will not be paternalistic), or, where there is large scale consent for policies, this will lead to them being more politically justified and provide an argument in favour of their implementation (though they are paternalistic).

More importantly, assessing paternalism also requires evaluating the reasons for implementing such interventions, beyond just looking at its overall justifiability (or the elements that make interventions so). I argued that, though the term paternalism if often used to denounce policies, there are many legitimate justifications for paternalistic interventions, where these contribute to

securing the conditions and capabilities necessary for citizens to live worthwhile lives and serve autonomy (i.e., in their contribution to *the good life*). However, these improvements in welfare should be constrained by the limitation of the use of coercion derived from the revised Harm Principle and the respect of morally acceptable conceptions of the good. That is, that they should follow from the role of the State in promoting worthwhile lives. Enabling citizens to secure valuable goods/activities should not come at a great expensive to well-being. While respecting both of these elements will contribute to making paternalistic policies more justified, trade-offs between the positive aspect (improving welfare) and negative (limitation of coercion and respect of value pluralism), will inevitably occur and need to be assessed to determine whether the benefit is sufficient to justify the interference. In addition, these effects and trade-offs will also need to be assessed with regard to the other justificatory elements of policies, e.g., while it is important to justify the limits placed on individual freedom with reference to the contribution to welfare, equally, these ought to be measured against other practical elements like cost or scientific evidence. For example, it is possible that some paternalistic interventions will be justified with reference to the promotion of welfare and their respect of the limitation on the use of coercion, but be so expensive as to not justify them. This means, that, similarly to the claims made about liberty, the contexts in which paternalistic interventions operate also matter to justifiability.

Where significant restrictions on liberty occur, policymakers will need to provide strong justifications as to their legitimacy and show how they contribute to securing these goods. While compulsory primary education is relatively coercive, its value in sustaining future autonomy and the future conditions to live a good life is such that it justifies the intervention and some level of paternalism. Conversely, a paternalistic policy which is highly coercive in favour of few gains will unlikely be justified. Though appreciating the arts may be a component of *the good life*, coercive policies designed to promote people's interest in art would be questionable. The notion of proportionality between the benefit and restrictions will, in many cases, be helpful in examining these trade-offs. Overall, it is important to move beyond debates of the general permissibility of paternalism and instead look at the justifiability of specific interventionist actions in policy, as in many cases, there are good reasons to embrace them. Let us now apply these ideas to a final policy example.

Policy Application: Marketing Bans

The country of Uqbar (fictional) suffers from high rates of obesity. Officials are therefore considering a number of policies to curb these rates, including a full ban on the advertising and marketing of HFSS foods, including for small businesses like restaurants and takeaways (e.g., placing signs in public areas to promote their consumption). Given that this policy would interfere

with the freedom of businesses (and people) to advertise products as they wish, is done irrespective of whether citizens consent to the policy and that, given the context, there are strong plausible normative reasons to interfere with the population for their health benefit, the policy can be said to be paternalistic. The justifiability of the intervention will thus depend on, firstly, its relation with the criteria that characterise paternalistic interventions and their respective justifiability. Secondly, it will depend on the reasons for its implementation and its impacts on citizens' ability to lead worthwhile lives.

Similar to the previous policy example, policymakers will have to identify which conceptions of liberty are most relevant in this case and what elements they should focus on in the examination of this policy. Here, different conceptions are relevant, including, firstly, economic liberty. To assess the justifiability of the intervention with regard to economic liberty, policymaker should ask whether the negative impact of this intervention on the societal benefits conferred by the market are significant enough as to rule out (or limit) the use of the intervention, e.g., if the intervention led companies to stop producing valued goods or reduce employment. In this instance, it seems unlikely that companies would stop providing such goods or significantly cut jobs, in which case, the policy would be compatible with the instrumental view of economic liberty. However, more relevant, will be the different positive conceptions of liberty, in that, the main objective of the intervention is to create environments in which citizens are best equipped to make healthy decisions. The ban in Uqbar could contribute to supporting such an environment and autonomy, by reducing the influence of external factors that distort preferences and decisions, such as misleading or manipulative advertising and availability heuristics. By helping citizens decide, free from commercial influence, whether they still wish to purchase these goods, the policy would be justified with regard to its impact on this conception of liberty. In considering the other elements of paternalism, policymakers will also need to assess the extent to which, citizens consent to the intervention (e.g., by engaging in democratic processes, of public deliberation and participation). Widespread consent will contribute to the policy being politically justified. Finally, policymakers should assess and discuss the extent to which the policy is aimed at benefitting the public. Though there are a number of plausible arguments for the implementation of this health policy, the more the policy is aimed at benefiting the public, the more it will be justified in this respect. In this case, it would seem like the main justification for the policy is that it can improve public health, as the policy is likely going to be costly for the country's economy and difficult to enforce. As the policy is indiscriminate in its targeting of HFSS foods, it cannot be said it is implemented to promote the interests of domestic food producers over those of international firms or that it is done to benefit specific actors.

Independently of the justifiability of each aspect of what makes an intervention paternalistic, the Government of Uqbar, will also need to judge the justifiability of the intervention in the benefits it seeks to bring to the welfare of its population. Policymakers will need to assess and demonstrate how the policy can secure the conditions and capabilities necessary for citizens to live worthwhile lives. For instance, policymakers could justify the value of the policy with regard to the fundamental role of health in living good lives, as it enables individuals to develop and exercise important capabilities, in education, work or social participation. They also ought to examine how the policy would improve the health capabilities of citizens by reducing their exposure to HFSS foods and the prevalence of obesity. Policymakers might also emphasise the educational role of the policy, by showing there are valid health reasons for not consuming certain foods. Uqbar officials could highlight this policy is compatible with the creation and protection of the conditions for autonomy, understood as the capacity to reflect on and choose one's own ends and could argue the policy respects the rational decisions of citizens, by providing them with guidance that enables them to make informed and responsible choices regarding their food consumption. Finally, in line with the respect of the limitation on the use of coercion, the policy does not force citizens to abandon morally acceptable practices (i.e., respects value pluralism), such as religious or cultural preferences, but rather still allows them to exercise their freedom, free from commercial influence. In fact, in this case, the policy uses a minimal and proportional amount of coercion, by banning only the advertising and marketing of HFSS foods, but not their production or consumption. Officials could thus argue the policy is justified by the prevention of harm. Such a policy would thus contribute to securing autonomy while supporting citizens in the attainment of valuable goods or activities, including health, yet does not coerce citizens into changing their behaviours. As the State is responsible for the creation of the conditions necessary to support health and that allow citizens to make informed health decisions, this policy can thus be justified. Therefore, though the policy is paternalistic and concerns regarding restrictions on other liberties (e.g., economic) will have to be addressed, there will be valid justifications for the use of the policy in Uqbar. Of course, the Government will need to assess whether they judge the potential benefits of the policy to justify the (limited) individual restrictions it might entail. By showing officials have both, considered these elements and critiques of the use of the intervention, as well as demonstrated the moral (as it supports welfare and the environments that enable *the good life*) and practical justifications for its implementation, the policy will ultimately be more legitimate.

Conclusion

Chapter 12 has attempted to apply the ethical ideas which emerged from the analysis of the case studies in this thesis to hypothetical policy examples. The rationale for this chapter was to

demonstrate that the claims linked to culture, equity, liberty and paternalism, advanced through this method, can then be applied to other intervention instances, in ways which can inform real-world policy practice, rather than merely serving to assess previous cases. The chapter re-affirmed the main claims from chapters 8 to 11, including that cultural values can play a role in the justifiability of policies, that group considerations are key to assessing equity, that positive liberty is a more useful concept than its negative counterpart in looking at health-promoting interventions and that paternalism is justified where it effectively promotes worthwhile lives and autonomy. By applying these ideas to other policy examples, I hope to have illustrated this method of policy analysis can help in thinking about some of the key ethical concerns linked to policies and in finding solutions to these issues. Such reflections about interventions can thus contribute to their overall ethical justifiability. Further work in using this process, for instance by looking at other ethical concepts (e.g.,, justice) and applying them to more case studies (e.g.,, beyond health) would be useful to help substantiate the value of this method in addressing practical policy problems.

Chapter 13 - Thesis Conclusion

This year marks the 20th anniversary of the publication of the WHO's Global Strategy on Diet, Physical Activity and Health. In 2004, at the request of Member States, and recognising the leading role diets played in the increasing burden of NCDs, the WHO first set to develop a global strategy to improve nutrition and increase physical activity. Since then, countless initiatives have been taken by countries to reduce the consumption of unhealthy foods or drinks and improve their populations' health. Measures taken have included a range of interventions, from bans, to taxes, nudges, awareness campaigns, labelling, education, and reformulation. In many countries facing high obesity rates, new interventions are continuously being implemented to improve poor diets. These interventions have highlighted the willingness of governments to address these health outcomes. However, given the vastly differing contexts in which these interventions have been introduced, they have been met with varying responses. As with other areas of health policy, sugar reduction (and more generally food) policies can often be controversial and their implementation subject to various moral dilemmas, issues and trade-offs. Though policies can often seem, at first sight, to only be about empirical issues, on the contrary, these are deeply rooted in the social, economic, political and cultural contexts of the societies in which they are used. Hence, this thesis has attempted to study the ethical dimensions of sugar interventions, in order to contribute to the literature on the subject and guide stakeholders when it comes the ethics of these policies, in ways that are useful to practice. The ethics of sugar and food policies matter. These can have important effects on the lives of those subject to them: whether they affect their choices, capacity to partake in culture, economic outcomes, inequities or autonomy. Implementing such policies without some prior consideration of these elements will make them less ethically justifiable and can even sometimes lead to worse outcomes for individuals (e.g., if they increase inequity). As these interventions have become more relied on by states, it is therefore essential to study their ethical implications.

This thesis used political theories to analyse and provide recommendations on sugar policies. While the ideas of political theories are often discussed in the context of policy, these are not always applied in ways that are realistically helpful. This research therefore stemmed from an attempt to bridge the gap between the practice of policy making and implementation and the uses of political theory. As argued by Jonathan Wolff, political theorists have traditionally focused on *applied philosophy*, or the attempt to *"address real-world problems by working out how to solve them by 'applying' a*

moral or political theory, thereby providing 'philosophical foundations' for social and public policy."[1096] Such attempts are often too far removed from practice to be useful in concrete ways. As such, Wolff proposed and alternative method to incorporate political theory into the ways in which we think about policies. It is this method of *engaged philosophy* that I have attempted to develop and subsequently use. This revised method of public policy analysis enables the use of political theories as reflective lenses to look at existing or potential policies. In my case, I have mainly relied on theories of Liberalism, Perfectionism and Communitarianism. This is not to say that these are the only theories that can or should be used, though these were fitting to the assessment of the policies covered in this thesis as they reflect the arguments and positions often taken in public health with regards to them. I applied this method to the case of five different sugar interventions in different countries in order to assess the challenges and ethical elements linked to them. In order that the discussions of these case studies be of significance, the method of analysis was grounded in the pragmatic elements and contexts that matter to real-world policymaking. The method highlighted the need to look at: the practical factors that matter to policy (e.g., cost, efficacy or scientific evidence), as well as the ethical elements (e.g., liberty and equity), within the frame of their political, social, economic and cultural contexts. This method thus provided the framework to analyse the cases, demonstrating how it can be applied to policies to guide or inform practice. It is my hope this method can be further developed in the future and applied to different policy areas, outside of food.

These five cases pertained to the following interventions: the ban on vending machines in schools in France, the HFSS foods labelling in Chile, the different taxes and tariffs on sugar in PICs, the awareness campaigns on sugar in NYC and the recent restrictions on the marketing and placement of HFSS foods in shops in the UK. These cases demonstrated the usefulness of detailed examinations of policies within the context of the method and in providing a basis for ethical analyses. These cases sought to describe, the policies themselves as well as all other practical elements that are relevant and useful for their analysis, including: context, history, effectiveness, evidence on the topic, and media and institutional responses to them. Providing these detailed examinations was key to the project as no policy analysis would be thorough without firstly understanding these aspects. These cases were chosen to exemplify the range of interventions that exist on the topic of sugar policy, in different countries.

[1096] Wolff, Jonathan. "Method in philosophy and public policy: Applied philosophy versus engaged philosophy." In *The Routledge handbook of ethics and public policy*." Routledge (2018): 14.

The analysis of these, using the method, revealed a number of key ethical considerations which played a role in the arguments either in support, or against the introduction of these policies. These arguments pertained to the role of culture, equity, liberty and paternalism in the justifications of policies. Though these are far from the only ethical elements that matter to policy applications, they were significantly relevant in the study of these case studies, as they are for other interventions and policy areas. This analysis, through the use of the political theories as reflective strategies led to the development of a number of claims that are useful to the practice of policy. These include claims that thinking about culture and the values instantiated in specific cultures is important when thinking about justifying policies, that we should re-frame debates around equity to focus on groups and communities, that each conception of liberty is useful to a different degree depending on the context and that there are good reasons to embrace paternalistic interventions in health. I have attempted to demonstrate, why we ought to think about policies and the role of the State in such ways and show how this can be helpful in solving policy issues.

This work is relevant in a number of ways. Firstly, it demonstrates that political theories can be more systematically integrated in the analysis of public policies and help inform and find solutions to specific problems. This provides further insights to attempts at bridging the gap between theory and practice. Secondly, this thesis has also demonstrated that while theory is relevant to practice, practice also has much to contribute to political theories, particularly where these are too far removed from real world contexts or fail to address key ethical issues. Where political theories do little to help solve political problems, these will be less valuable. In addition, reviewing such theories by applying them to policy contexts, will ultimately help in strengthening and improving the arguments and claims made within them. As such, this work hopes to have contributed to the literature on the ethics of sugar reduction policies, on political theories and their use and provided a method that can be useful in policy analysis.

However, this thesis is subject to several limitations. Firstly, though I have applied this method to detailed examinations of policies, more applications would be useful, particularly to areas outside of food policy, as this can help validate whether this method is useful in other domains. In addition, it could also have been useful to pick one specific type of intervention (e.g., a sugar tax) and study different case studies of such an intervention across contexts in order to compare them. Similarly, the application and use of more political theories would also have been useful (e.g., utilitarianism), both to practice and the theories themselves. As noted, the three selected are not the only ones which can contribute to informing policies, however, in the context of this thesis, these best reflected some of the public health arguments used in the debates around policies.

As such, these were chosen. Moreover, other ethical concepts could have also been the subject of focus of the analysis, as there are certainly many that are relevant to policy justification.

In all these cases, while more could have been done, the time and word constraints of this thesis meant certain choices and exclusions had to be made. Finally, to be more robust, the proposed method for policy analysis could benefit from more applications across sectors of policy, while the claims made as outcomes of my analysis could also be assessed in different policy contexts. Therefore, future research on the use of political theories in public policy would be useful, including through the use of the method proposed in this thesis. This method can be applied, either to other food policies or even policies in other areas such as security, the environment or education, while improvements in its process can be proposed. Given the practice oriented dimension of this method, I suggest the best way to develop it would only be through further concrete applications. Ultimately, we must remain realistic in our application of theory to practice, recognising it can only be one of the elements to justify and shape policies, yet doing so has much to offer in solving their ethical and sometimes practical issues.

References

Abi Sritharan, "Many businesses unprepared for HFSS legislation, states new study," *New Food Magazine*, 2022, accessed August 2023, https://www.newfoodmagazine.com/news/162774/many-businesses-unprepared-for-hfss-legislation-states-new-study/

Abi Sritharan, "Not everyone's a fan of the HFSS ban," *New Food Magazine*, 2022, accessed August 2023, https://www.newfoodmagazine.com/news/163803/not-everyones-a-fan-of-the-hfss-ban-according-to-survey/

Adams, Jean, Oliver Mytton, Martin White, and Pablo Monsivais. "Why are some population interventions for diet and obesity more equitable and effective than others? The role of individual agency." *PLoS medicine* 13, no. 4 (2016).

Adams, Jean. "Rebalancing the marketing of healthier versus less healthy food products." *PLoS Medicine* 19, no. 3 (2022).

Affeldt, Steven G. "The force of freedom: Rousseau on forcing to be free." *Political Theory* 27, no. 3 (1999): 299-333.

Ainge Roy. "South Pacific Islands Ban Western Junk Food and Go Organic," *The Guardian*, 2017, accessed August 2023, https://www.theguardian.com/world/2017/feb/03/south-pacific-islands-vanuatu-torba-ban-western-junk-food-health-organic

Albert, Stephanie L., Brent A. Langellier, Mienah Z. Sharif, Alec M. Chan-Golston, Michael L. Prelip, Rosa Elena Garcia, Deborah C. Glik, Thomas R. Belin, Ron Brookmeyer, and Alexander N. Ortega. "A corner store intervention to improve access to fruits and vegetables in two Latino communities." *Public health nutrition* 20, no. 12 (2017): 2249-2259.

Alemanno, Alberto. "Nudging smokers the behavioural turn of tobacco risk regulation." *European Journal of Risk Regulation* 3, no. 1 (2012): 32-42.

Alexina Cather, "Front-Package 'Excess Of' Labeling, Chile: Urban Food Policy Snapshot," *NYC Food Policy Center*, 2016, accessed August 2023, https://www.nycfoodpolicy.org/front-package-excess-labeling-chile-urban-food-policy-snapshot/

Amaratunga, Dilanthi, and David Baldry. "Case study methodology as a means of theory building: performance measurement in facilities management organisations." *Work study* 50, no. 3 (2001): 95-105.

AméricaEconomía, "FAO premia a los impulsores de la ley de etiquetado en Chile," *Cluster Salud*, 2019, accessed August 2023, https://clustersalud.americaeconomia.com/sector-publico/fao-premia-los-impulsores-de-la-ley-de-etiquetado-en-chile

Anand, Sudhir, and Fabienne Peter. "Equal Opportunity." In *Is Inequality Bad for Our Health?*, edited by Joshua Cohen and Joel Rogers, Boston, MA: Beacon Press, 2000: 48-52.

Andrew Jacobs, "In Sweeping War on Obesity, Chile Slays Tony the Tiger," *The New York Times*, 2018, accessed August 2023, https://www.nytimes.com/2018/02/07/health/obesity-chile-sugar-regulations.html

Anna Edwards, "NYC ad campaign to reduce obesity now targets sweetened teas, fruit drinks and energy drinks," *Daily Mail*, 2013, accessed August 2023, https://www.dailymail.co.uk/news/article-2335896/NYC-ad-campaign-reduce-obesity-targets-sweetened-teas-fruit-drinks-energy-drinks.html

Arah, Onyebuchi A. "On the relationship between individual and population health." *Medicine, health care and philosophy* 12, no. 3 (2009): 235-244.

Arksey, Hilary, and Lisa O'Malley. "Scoping studies: towards a methodological framework." *International journal of social research methodology* 8, no. 1 (2005): 19-32.

Arneson, Richard J. "Human flourishing versus desire satisfaction." *Social Philosophy and Policy* 16, no. 1 (1999): 113-142.

Arneson, Richard J. "Perfectionism and politics." *Ethics* 111, no. 1 (2000): 37-63.

Arrabal, Victoria. "El etiquetado genera libertad." *Página 12,* 2021, accessed September 2023, https://www.pagina12.com.ar/331994-el-etiquetado-genera-libertad

Asafu-Adjaye, John. "Liberalising trade in the agriculture sector of a small island state: the case of Fiji." *World Economy* 30, no. 10 (2007): 1550-1567.

Asgari-Taee, Farzaneh, Nahid Zerafati-Shoae, Mohsen Dehghani, Masoumeh Sadeghi, Hamid R. Baradaran, and Shima Jazayeri. "Association of sugar sweetened beverages consumption with non-alcoholic fatty liver disease: a systematic review and meta-analysis." *European journal of nutrition* 58 (2019): 1759-1769.

Babey, Susan H., Malia Jones, Hongjian Yu, and Harold Goldstein. "Bubbling over: soda consumption and its link to obesity in California." (2009).

Bambs, Claudia, Roberto Bravo-Sagua, Paula Margozzini, and Sergio Lavandero. "Science and health policies to tackle chronic diseases in Chile." *Trends in Endocrinology & Metabolism* 31, no. 2 (2020): 67-70.

Barahona, Nano, Cristóbal Otero, and Sebastián Otero. "Equilibrium effects of food labeling policies." *Econometrica* 91, no. 3 (2023): 839-868.

Barbaro, Michael. "Mayor Doesn't Always Live by His Health Rules." *The New York Times*, 2009, accessed August 2023, https://www.nytimes.com/2009/09/23/dining/23bloom.html

Barber, Ryan M., Nancy Fullman, Reed JD Sorensen, Thomas Bollyky, Martin McKee, Ellen Nolte, Amanuel Alemu Abajobir et al. "Healthcare Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: a novel analysis from the Global Burden of Disease Study 2015." *The lancet* 390, no. 10091 (2017): 231-266.

Barker, Ernest. *The politics of Aristotle*. Oxford University Press, 1968.

Barry, Colleen L., Sarah E. Gollust, Emma E. McGinty, and Jeff Niederdeppe. "Effects of messages from a media campaign to increase public awareness of childhood obesity." *Obesity* 22, no. 2 (2014): 466-473.

Bateman-House, Alison, Ronald Bayer, James Colgrove, Amy L. Fairchild, and Caitlin E. McMahon. "Free to consume? Anti-paternalism and the politics of New York City's soda cap saga." *Public Health Ethics* 11, no. 1 (2018): 45-53.

Bayliss, Myles. "A Sweet Deal? The Ethics of Sugar Taxes." *ethics* (2018).

BBC News Mundo, "Etiquetado de alimentos: qué cambia con la nueva normativa de México inspirada en Chile (y qué resultados dio en el país sudamericano)," *BBC News Mundo*, 2020, accessed August 2023, https://www.bbc.com/mundo/noticias-america-latina-54367118

BBC News, "Kellogg's and Britvic attack plan to ban junk food ads online," *BBC News*, 2020, accessed August 2023, https://www.bbc.com/news/business-55035375

Beauchamp, Dan E. "Community: the neglected tradition of public health." *Hastings Center Report* 15, no. 6 (1985): 28-36.

Beauchamp, Dan E. "Public health and individual liberty." *Annual review of public health* 1, no. 1 (1980): 121-136.

Beauchamp, Dan E. "The health of the republic: Epidemics, medicine, and moralism as challenges to democracy." (1988).

Bechthold, Angela, Heiner Boeing, Carolina Schwedhelm, Georg Hoffmann, Sven Knüppel, Khalid Iqbal, Stefaan De Henauw et al. "Food groups and risk of coronary heart disease, stroke and heart failure: a systematic review and dose-response meta-analysis of prospective studies." *Critical reviews in food science and nutrition* 59, no. 7 (2019): 1071-1090.

Bee Wilson, "This article will make you want to wash your hands." *The Guardian*, 2016, accessed August 2023, https://www.theguardian.com/society/2016/jul/26/disgust-science-public-health-hygiene

Bell, Caryn N., Jordan Kerr, and Jessica L. Young. "Associations between obesity, obesogenic environments, and structural racism vary by county-level racial composition." *International Journal of Environmental Research and Public Health* 16, no. 5 (2019).

Bell, Daniel. "Communitarianism" *Stanford Encyclopaedia of Philosophy* (2001).

Bellamy, Richard. *Political constitutionalism: a republican defence of the constitutionality of democracy*. Cambridge University Press, 2007.

Bennett, Chuck. "Sweet' revenge vs. Mike." *The New York Post*, 2009, accessed September 2023, https://nypost.com/2009/10/02/sweet-revenge-vs-mike/

Bensley, Lillian Southwick, and Rui Wu. "The role of psychological reactance in drinking following alcohol prevention messages 1." *Journal of Applied Social Psychology* 21, no. 13 (1991): 1111-1124.

Berlin, Isaiah. *Freedom and Its Betrayal: Six Enemies of Human Liberty*, edited by Henry Hardy. Princeton: Princeton University Press, 2014.

Bernstein, Richard. "Fighting for the Right to Drink Soda." *The New York Times,* 2009, accessed September 2023, https://www.nytimes.com/2009/10/08/us/08iht-letter.html

Biblioteca del Congreso Nacional de Chile, "Historia de la Ley N° 20.606 Sobre composición nutricional de los alimentos y su publicidad" Santiago: *Biblioteca del Congreso Nacional de Chile*, 2017.

Big Issue. "Obesity, food poverty and the big changes coming to supermarkets." *Big Issue*, 2022, accessed August 2023, https://www.bigissue.com/life/food/obesity-food-poverty-and-the-big-changes-coming-to-supermarkets/

Black, Megan, and Gavin Mooney. "Equity in health care from a communitarian standpoint." *Health Care Analysis* 10 (2002): 193-208.

Boles, Myde, Adelle Adams, Amy Gredler, and Sonia Manhas. "Ability of a mass media campaign to influence knowledge, attitudes, and behaviors about sugary drinks and obesity." *Preventive medicine* 67 (2014): 40-45.

Bonsmann, S. Storcksdieck Genannt, T. Kardakis, J. Wollgast, M. Nelson, and S. Caldeira. "Mapping of national school food policies across the EU28 plus Norway and Switzerland." *JRC Science and Policy Reports. European Commission. Luxembourg: Publications Office of the European Union* (2014).

Borowiec, Anthony. "France says 'non'to child obesity." *Washington Times* (2004).

Bow, Daisy Anne. "Manger: Français, Européens et Américains face à l'alimentation." (2009): 478-481.

Boza, Sofía, Mónica Guerrero, Rocío Barreda, and Macarena Espinoza. "Recent changes in food labelling regulations in Latin America: the cases of Chile and Peru." (2017).

Boza, Sofia, Victor Saco, and Rodrigo Javier Polanco. "Front-of-package nutrition labelling in Latin America: review of the cases of Chile and Peru." *Boletim do Instituto de Saúde* 21, no. 1 (2021): 141-150.

Brambila-Macias, Jose, Bhavani Shankar, Sara Capacci, Mario Mazzocchi, Federico JA Perez-Cueto, Wim Verbeke, and W. Bruce Traill. "Policy interventions to promote healthy eating: a review of what works, what does not, and what is promising." *Food and nutrition bulletin* 32, no. 4 (2011): 365-375.

Branca, Francesco, Haik Nikogosian, and Tim Lobstein, eds. *The challenge of obesity in the WHO European Region and the strategies for response.* World Health Organization, 2007.

Braun, Dietmar. "Who governs intermediary agencies? Principal-agent relations in research policy-making." *Journal of Public Policy* 13, no. 2 (1993): 135-162.

Braveman, Paula A. "Monitoring equity in health and healthcare: a conceptual framework." *Journal of health, population and nutrition* (2003): 181-192.

Braveman, Paula, and Sofia Gruskin. "Defining equity in health." *Journal of Epidemiology & Community Health* 57, no. 4 (2003): 254-258.

Braveman, Paula. "Health disparities and health equity: concepts and measurement." *Annu. Rev. Public Health* 27 (2006): 167-194.

Brink, David. "Mill's moral and political philosophy." *Stanford Encyclopedia of Philosophy* (2007).

Browne, David. "Tonga's obesity epidemic is causing big trouble in paradise." *Equal Times*, 2017, accessed August 2023, https://www.equaltimes.org/tonga-s-obesity-epidemic-is?lang=en#:~:text=Almost%20a%20quarter%20of%20Tongans,alofa%20is%20crowded%20with%20patients

Bruss, Mozhdeh B., Joseph Morris, and Linda Dannison. "Prevention of childhood obesity: sociocultural and familial factors." *Journal of the American Dietetic Association* 103, no. 8 (2003): 1042-1045.

Buckley, Francis H. *Fair governance: paternalism and perfectionism*. Oxford University Press, 2009.

Callahan, Daniel. "Principlism and communitarianism." *Journal of Medical Ethics* 29, no. 5 (2003): 287-291.

Callahan, Daniel. "Individual Good and Common Good: A Communitarian Approach to Bioethics," *The Roots of Bioethics: Health, Progress, Technology, Death* (New York: 2012): 50-61.

Callahan, Daniel. *What kind of life?: the limits of medical progress*. Georgetown University Press, 1995.

Camara de Diputados, "Modifica la Ley N° 20.606, sobre composición nutricional de los alimentos y su publicidad, con el objeto de establecer la obligatoriedad incorporar el sistema braille en el etiquetado de información nutricional" Santiago: *Camara de Diputados*, 2018.

Campos, Sarah, Juliana Doxey, and David Hammond. "Nutrition labels on pre-packaged foods: a systematic review." *Public health nutrition* 14, no. 8 (2011): 1496-1506.

Capacci, Sara, and Mario Mazzocchi. "Five-a-day, a price to pay: an evaluation of the UK program impact accounting for market forces." *Journal of health economics* 30, no. 1 (2011): 87-98.

Capacci, Sara, Mario Mazzocchi, and Bhavani Shankar. "Breaking habits: the effect of the French vending machine ban on school snacking and sugar intakes." *Journal of Policy Analysis and Management* 37, no. 1 (2018): 88-111.

Cara Houlton, "Have HFSS restrictions made any difference?," *Grocery Gazette*, 2023, accessed August 2023, https://www.grocerygazette.co.uk/2023/06/06/hfss-restrictions/

Carl, Noah, and Francesco C. Billari. "Generalized trust and intelligence in the United States." *PloS one* 9, no. 3 (2014): e91786.

Carman, Ezequiel, Delfina Scagliotti, and Ryan Arenas. "Food Labeling Laws: A Key Tool for Global Health." *Global Americans*, 2022, accessed August 2023, https://theglobalamericans.org/2022/03/food-labeling-laws/

Carolina Mila Torres and Diana Guarnizo, "En Chile el 80% de la población mira los sellos de advertencia cuando hace mercado": nutricionista chilena," *Dejusticia*, 2018, accessed August 2023, https://www.dejusticia.org/en-chile-el-80-de-la-poblacion-mira-los-sellos-de-advertencia-cuando-hace-mercado-nutricionista-chilena/

Carreno, Ignacio, and Tobias Dolle. "The relationship between public health and IP rights: Chile prosecutes Kellogg's, Nestlé and Masterfoods for using cartoons aimed at attracting children." *European Journal of Risk Regulation* 8, no. 1 (2017): 170-177.

Carter, Ian. "Positive and negative liberty." *Stanford Encyclopedia of Philosophy* (2003).

Carter, Stacy M., Lucie Rychetnik, Beverley Lloyd, Ian H. Kerridge, Louise Baur, Adrian Bauman, Claire Hooker, and Avigdor Zask. "Evidence, ethics, and values: a framework for health promotion." *American journal of public health* 101, no. 3 (2011): 465-472.

CBS News. "Big Soda Ban Proposed by Mayor of Cambridge, Mass." *CBS News*, 2012, accessed September 2023, https://www.cbsnews.com/news/big-soda-ban-proposed-by-mayor-of-cambridge-mass/

Ceci, Stephen J., and Paul B. Papierno. "The rhetoric and reality of gap closing: when the" have-nots" gain but the" haves" gain even more." *American Psychologist* 60, no. 2 (2005): 149-160.

Cediel, Gustavo, Marcela Reyes, Maria Laura da Costa Louzada, Euridice Martinez Steele, Carlos A. Monteiro, Camila Corvalán, and Ricardo Uauy. "Ultra-processed foods and added sugars in the Chilean diet (2010)." *Public health nutrition* 21, no. 1 (2018): 125-133.

Center for Consumer Freedom. "France Surrenders to Food Gestapo." 2004, accessed August 2023, https://consumerfreedom.com/2004/08/2613-france-surrenders-to-food-gestapo/

Centers for Disease Control and Prevention, "Adult Obesity Facts," last modified May 17, 2022, accessed August 2023, https://www.cdc.gov/obesity/data/adult.html

Centers for Disease Control and Prevention, "Get the Facts: Sugar-Sweetened Beverages and Consumption," last modified April 11, 2022, accessed August 2023, https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html

Centre de Recherche et d'Information Nutritionnelles. "Manger: un acte culturel." Nutri-doc N° 71. Paris: CERIN, 2008.

Cha, EunSeok, Kevin H. Kim, Hannah M. Lerner, Colleen R. Dawkins, Morenike K. Bello, Guillermo Umpierrez, and Sandra B. Dunbar. "Health literacy, self-efficacy, food label use, and diet in young adults." *American journal of health behavior* 38, no. 3 (2014): 331-339.

Chabrol, Didier. "Manger, un acte culturel." *Projet* 307, no. 1 (2008): 54-60.

Chan, Joseph. "Legitimacy, unanimity, and perfectionism." *Philosophy & Public Affairs* 29, no. 1 (2000): 5-42.

Chan, Joseph. "Political authority and perfectionism: a response to Quong." Philosophy and Public Issues 2, no. 1 (2012): 31-41.

Chan, Sewell, "City Plans a Campaign Against Sugary Drinks." *The New York Times*, 2009, accessed August 2023, https://www.nytimes.com/2009/09/01/nyregion/01fat.html

Chan, Sewell. "New Salvo in City's War on Sugary Drinks." *The New York Times*, 2009, accessed August 2023, https://archive.nytimes.com/cityroom.blogs.nytimes.com/2009/08/31/new-salvo-in-citys-war-on-sugary-drinks/

Chandon, Pierre, J. Wesley Hutchinson, Eric T. Bradlow, and Scott H. Young. "Does in-store marketing work? Effects of the number and position of shelf facings on brand attention and evaluation at the point of purchase." *Journal of marketing* 73, no. 6 (2009): 1-17.

Chang, Wei-Ching. "The meaning and goals of equity in health." *Journal of Epidemiology & Community Health* 56, no. 7 (2002): 488-491.

Chauliac, Michel, and Serge Hercberg. "Changing the food environment: the French experience." *Advances in Nutrition* 3, no. 4 (2012): 605-610.

Chauvineau, Thomas. "Punchline de Périco Légasse contre le burger: « Ça me fait mal culturellement que l'on s'aligne sure cette Américanisation, ce que j'appelle moi la mcdonalisation de la société Française »." *Food&Sens*, 2016, accessed September 2023, http://foodandsens.com/non-classe/burger-definitivement-entre-patrimoine-culinaire-francais/

Chazan, David. "French Call for Ban on Free Refills of Fizzy Drinks." *The Telegraph*, 2014, accessed September 2023, https://www.telegraph.co.uk/news/worldnews/europe/france/11094271/French-call-for-ban-on-free-refills-of-fizzy-drinks.html

Chazelas, Eloi, Bernard Srour, Elisa Desmetz, Emmanuelle Kesse-Guyot, Chantal Julia, Valérie Deschamps, Nathalie Druesne-Pecollo et al. "Sugary drink consumption and risk of cancer: results from NutriNet-Santé prospective cohort." *bmj* 366 (2019).

Cheeseman, Gina-Marie. "Soda Ad Wars Take Over NYC." *TriplePundit*, 2012, accessed August 2023, https://www.triplepundit.com/story/2012/soda-ad-wars-take-over-nyc/65331

Childress, James F. "Paternalism in health care and health policy." *Principles of health care ethics* (2006): 223-229.

Chris Baker, *Obesity Statistics*. Research Briefing, London: House of Commons Library, 2022.

Chris Woolston, "Anti-ads," *Knowable Magazine*, 2018, accessed August 2023, https://knowablemagazine.org/article/society/2018/anti-ads

Christian De Bock, "L'interdiction des distributeurs de sodas et snacks sucrés à l'école," *Éducation Santé*, 2005, accessed August 2023, https://educationsante.be/linterdiction-des-distributeurs-de-sodas-et-snacks-sucres-a-lecole/#:~:text=La%20Ministre%20de%20l'Enseignement,des%20aliments%20jug%C3%A9s%20plus%20di%C3%A9t%C3%A9tiques

Christman, John. "Autonomy in moral and political philosophy." *Stanford Encyclopedia of Philosophy* (2003).

Christman, John. "Freedom in Times of Struggle: Positive Liberty, Again." *Analyse & Kritik* 37, no. 1-2 (2015): 171-188.

Chung, Jen. "Bloomberg Wants To Ban Sugary Drinks Over 16 Ounces." *Gothamist*, 2012, accessed August 2023, https://gothamist.com/food/bloomberg-wants-to-ban-sugary-drinks-over-16-ounces

Chung, Vincent CH, Polly HX Ma, Harry HX Wang, Jia Ji Wang, Lau Chun Hong, Xiaolin Wei, Samuel Wong, Jin Ling Tang, and Sian M. Griffiths. "Integrating traditional Chinese medicine services in community health centers: insights into utilization patterns in the Pearl River region of China." Evidence-Based Complementary and Alternative Medicine (2013).

Clarke, Simon. "A definition of paternalism." *Critical Review of International Social and Political Philosophy* 5, no. 1 (2002): 81-91.

Cochrane Training. "Scoping reviews: what they are and how you can do them." 2017, Cochrane Library, accessed August 2023, https://training.cochrane.org/resource/scoping-reviews-what-they-are-and-how-you-can-do-them

Coggon, John, and Jean Adams. "'Let them choose not to eat cake...': Public health ethics, effectiveness and equity in government obesity strategy." *Future Healthcare Journal* 8, no. 1 (2021).

Cohen, Andrew Jason. "Communitarianism 'Social Constitution,' and Autonomy." *Pacific Philosophical Quarterly* 80, no. 2 (1999): 121-135.

Cohen, Joshua. "Autonomy and democracy: reflections on Rousseau." *Philosophy and Public Affairs* 15 (1986): 275-297.

Conly, Sarah. "Against autonomy: justifying coercive paternalism." *Journal of Medical Ethics* 40, no. 5 (2014).

Conly, Sarah. "Coercive paternalism in health care: against freedom of choice." *Public Health Ethics* 6, no. 3 (2013): 241-245.

Conly, Sarah. "Paternalism, coercion and the unimportance of (some) liberties." *Behavioural public policy* 1, no. 2 (2017): 207-218.

Coons, Christian, and Michael Weber, eds. *Paternalism: Theory and practice*. Cambridge University Press, 2013.

Cooperativa.cl., "Empresas dicen que etiquetado de alimentos atenta contra la "libertad"." *Cooperativa.cl*, 2015, accessed September 2023, https://cooperativa.cl/noticias/pais/salud/alimentos/empresas-dicen-que-etiquetado-de-alimentos-atenta-contra-la-libertad/2015-06-27/094750.html

Correa, Teresa, Camila Fierro, Marcela Reyes, Francesca R. Dillman Carpentier, Lindsey Smith Taillie, and Camila Corvalan. "Responses to the Chilean law of food labeling and advertising: exploring knowledge, perceptions and behaviors of mothers of young children." *International Journal of Behavioral Nutrition and Physical Activity* 16, no. 1 (2019): 1-10.

Correa, Teresa, Camila Fierro, Marcela Reyes, Lindsey Smith Taillie, Francesca Renee Dillman Carpentier, and Camila Corvalán. "Why don't you [Government] help us make healthier foods more affordable instead of bombarding us with labels? Maternal knowledge, perceptions, and

practices after full implementation of the Chilean food labelling law." *International Journal of Environmental Research and Public Health* 19, no. 8 (2022).

Corvalán, C., M. L. Garmendia, J. Jones-Smith, C. K. Lutter, J. Jaime Miranda, L. S. Pedraza, B. M. Popkin, M. Ramirez-Zea, D. Salvo, and A. D. Stein. "Nutrition status of children in Latin America." *Obesity Reviews* 18 (2017): 7-18.

Corvalán, Camila, Marcela Reyes, María Luisa Garmendia, and Ricardo Uauy. "Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labeling and Advertising." *Obesity reviews* 14 (2013): 79-87.

Corvalán, Camila, Teresa Correa, Marcela Reyes, and Guillermo Paraje. *Impacto de la ley Chilena de Etiquetado en el Sector Productivo Alimentario*. Food & Agriculture Org., 2021.

Courea, Eleni. "A Sugar Tax Would Be (Another) Tax on the Poor," *The Spectator*, 2015, accessed September 2023, https://www.spectator.co.uk/article/a-sugar-tax-would-be-another-tax-on-the-poor/

Cranston, Maurice. "Locke and liberty." *The Wilson Quarterly (1976-)* 10, no. 5 (1986): 82-93.

Crawford, Elizabeth. "Stricter school meal standards could require reformulation to lower sodium, fat and sugar." *Food Navigator USA*, 2023, accessed September 2023, https://www.foodnavigator-usa.com/Article/2023/02/03/stricter-school-meal-standards-could-require-reformulation-to-lower-sodium-fat-and-sugar

da Silva, Cintia Pereira, Aline Cristina Bento, and Elaine Guaraldo. "The impact of front-of-the-packaging nutrition labelling warnings on consumer habits: a scoping review exploring the case of the Chilean Food Law." *British Food Journal* 124, no. 13 (2022): 66-80.

Dagger, Richard. "Neo-republicanism and the civic economy." *Politics, philosophy & economics* 5, no. 2 (2006): 151-173.

Dawson, Angus J. "Snakes and ladders: state interventions and the place of liberty in public health policy." *Journal of Medical Ethics* 42, no. 8 (2016): 510-513.

De Leeuw, Evelyne, Agis D. Tsouros, Mariana Dyakova, and Geoff Green. *Healthy cities: promoting health and equity–evidence for local policy and practice: summary evaluation of Phase V of the WHO European Healthy Cities Network*. World Health Organization. Regional Office for Europe, 2014.

De Marneffe, Peter. "Avoiding paternalism." *Philosophy & Public Affairs* 34, no. 1 (2006): 68-94.

De Marneffe, Peter. "Liberalism and perfectionism." *Am. J. Juris.* 43 (1998).

de Marneffe, Peter. "Basic Liberties." In *The Cambridge Rawls Lexicon*, edited by Jon Mandle and David A. Reidy, Cambridge: Cambridge University Press, 2014.

de Pommereau, Isabelle. "French schools' new bête noire: vending machines." *The Christian Science Monitor*, 2004, accessed August 2023, https://www.csmonitor.com/2004/1008/p01s02-woeu.html

de Ruyter, Janne C., Margreet R. Olthof, Jacob C. Seidell, and Martijn B. Katan. "A trial of sugar-free or sugar-sweetened beverages and body weight in children." *New England Journal of Medicine* 367, no. 15 (2012): 1397-1406.

Del Signore, John. "Glass of Human Fat Debuts In New Health Department Ads." *Gothamist*, 2009, accessed August 2023, https://gothamist.com/food/glass-of-human-fat-debuts-in-new-health-department-ads

Del Signore, John. "Video: NYC Health Dept Won't Shut Up About Soda." *Gothamist*, 2009, accessed August 2023, https://gothamist.com/food/video-nyc-health-dept-wont-shut-up-about-soda

Deneulin, Séverine. "Perfectionism, paternalism and liberalism in Sen and Nussbaum's capability approach." *Review of political economy* 14, no. 4 (2002): 497-518.

Departamento de Nutrición, Universidad de Chile, *Encuesta Nacional de Consumo Alimentario.* Santiago: Ministerio de Salud, 2010.

Department for Environment Food & Rural Affairs, *Family Food 2018/19*, London: National Statistics, 2020.

Department of Health & Social Care. *Restricting Promotions of Products High in Fat, Sugar or Salt by Location and by Volume Price: Implementation Guidance*. London: Department of Health & Social Care, updated June 2023, accessed August 2023, https://www.gov.uk/government/publications/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price-implementation-guidance

Department of Health. *Nutrient profiling technical guidance,* 2011.

Destination Santé, "Les distributeurs à l'école, c'est fini," *Destination Santé*, 2005, accessed August 2023, https://destinationsante.com/les-distributeurs-a-l-ecole-c-est-fini.html

Dewey, Caitlin. "Why Chicago's Soda Tax Fizzled After Two Months and What It Means for the Anti-Soda Movement." *The Washington Post*, 2017, accessed September 2023, https://www.washingtonpost.com/people/caitlin-dewey/?itid=ai_top_deweyce

Diepeveen, Stephanie, Tom Ling, Marc Suhrcke, Martin Roland, and Theresa M. Marteau. "Public acceptability of government intervention to change health-related behaviours: a systematic review and narrative synthesis." *BMC public health* 13, no. 1 (2013): 1-11.

Diers-Lawson, A. R., M. J. Birkholt, and H. Bruce. "Killer Coca-Cola vs Pouring on the pounds: Comparing the brand damage potential between negative health messaging and counterbranding strategies." (2015).

Dillard, James Price, Jinyoung Kim, and Shu Scott Li. "Anti-sugar-sweetened beverage messages elicit reactance: Effects on attitudes and policy preferences." *Journal of health communication* 23, no. 8 (2018): 703-711.

Dixon, Helen, Maree Scully, Bridget Kelly, Robert Donovan, Kathy Chapman, and Melanie Wakefield. "Counter-advertising may reduce parent's susceptibility to front-of-package promotions on unhealthy foods." *Journal of nutrition education and behavior* 46, no. 6 (2014): 467-474.

Dominique Turck, "Fallait-il supprimer les distributeurs dans les établissements scolaires ?," *Institut Danone*, 2014.

Dougherty, Michael Brendan. "Hey Mike Bloomberg, When Are You Going To Ban Salted Bagels?" *Insider*, 2012, accessed August 2023, https://www.businessinsider.com/hey-mike-bloomberg-when-are-you-going-to-ban-salted-bagels-2012-6?r=US&IR=T

Douglas, Mary, and Aaron Wildavsky. *Risk and culture: An essay on the selection of technological and environmental dangers*. University of California Press, 1983.

Dubuisson, Carine, Sandrine Lioret, Ariane Dufour, Jean-Luc Volatier, Lionel Lafay, and Dominique Turck. "Associations between usual school lunch attendance and eating habits and sedentary behaviour in French children and adolescents." *European journal of clinical nutrition* 66, no. 12 (2012): 1335-1341.

Dworkin, Gerald. "Paternalism." *Standford Encyclopedia of Philosophy* (2002).

Dworkin, Gerald. "Paternalism." *The Monist* Volume 56, Issue 1 (1972).

El Mostrador, "¿Se compran menos productos etiquetados "alto en…"?," *El Mostrador*, 2018, accessed August, 2023, https://www.elmostrador.cl/noticias/opinion/2018/07/02/se-compran-menos-productos-etiquetados-alto-en/

El Periodista, "La exigencia de una alimentación saludable: el desafío post Ley de Etiquetados," *El Periodista*, 2019, accessed August 2023, https://www.elperiodista.cl/2019/08/la-exigencia-de-una-alimentacion-saludable-el-desafio-post-ley-de-etiquetados/

Elazar Daniel J. 1966. *American Federalism : A View from the States*. New York: Thomas Y. Crowell.

Emanuel, Ezekiel J. *The ends of human life: medical ethics in a liberal polity*. Harvard University Press, 1991.

Environnement Favorable à la Santé, "Distributeurs dans les écoles," accessed August 2023, https://www.environnements-sante.ch/mesure/distributeurs-dans-les-ecoles/

Epstein, Richard A. "In defense of the old public health-the legal framework for the regulation of public health." *Brook. L. Rev.* 69 (2003): 1421-1470.

Erin Bradley, "UK HFSS Regulations: Are they working and what does this mean for NPD?," *Foods Connected*, 2022, accessed August 2023, https://blog.foodsconnected.com/uk-hfss-regulations

Estaquio, Carla, Nathalie Druesne-Pecollo, Paule Latino-Martel, Luc Dauchet, Serge Hercberg, and Sandrine Bertrais. "Socioeconomic differences in fruit and vegetable consumption among middle-aged French adults: adherence to the 5 A Day recommendation." *Journal of the American Dietetic Association* 108, no. 12 (2008): 2021-2030.

Etzioni, Amitai. "Communitarianism." *Encyclopedia of community: From the village to the virtual world* 1 (2003): 1-10.

Fairchild, Amy L., Ronald Bayer, and James Colgrove. "Risky business: New York City's experience with fear-based public health campaigns." *Health Affairs* 34, no. 5 (2015): 844-851.

Falbe, Jennifer, and Kristine Madsen. "Growing momentum for sugar-sweetened beverage campaigns and policies: costs and considerations." *American journal of public health* 107, no. 6 (2017): 835-838.

Farley, Thomas A., Hayli S. Halper, Anne M. Carlin, Karen M. Emmerson, Kelly N. Foster, and Angela R. Fertig. "Mass media campaign to reduce consumption of sugar-sweetened beverages in a rural area of the United States." *American journal of public health* 107, no. 6 (2017): 989-995.

Feinberg, Joel. "Legal paternalism." *Canadian journal of philosophy* 1, no. 1 (1971): 105-124.

Fernando Vega, ""Ley de Etiquetado": lobby de industria alimentaria se confronta con estudio que revela alta confianza en sellos," *CIPER Chile*, 2018, accessed 2023, https://www.ciperchile.cl/2018/06/28/ley-de-etiquetado-lobby-de-industria-alimentaria-se-confronta-con-estudio-que-revela-alta-confianza-en-sellos/

Fiji Government. "Combatting Non Communicable Disease - Statement from the Ministry of Health." *Media Centre*, 2011, accessed September 2023, https://www.fiji.gov.fj/Media-Centre/News/Combatting-Non-Communicable-Disease---Statement-from-the-Ministry-of-

Fiji Government. "Nurturing the young minds." *Media Centre*, 2009, accessed September 2023, https://www.fiji.gov.fj/Media-Centre/News/Nurturing-the-young-minds

Fiji Government. "Serious action needed to combat NCDs – Chand." *Media Centre*, 2011, accessed September 2023, https://www.fiji.gov.fj/Media-Centre/News/Serious-action-needed-to-combat-NCDs---Chand

Firth, Stewart. "Pacific islands trade, labor, and security in an era of globalization." *The Contemporary Pacific* (2007): 111-135.

Firth, Stewart. "The Pacific Islands and the globalization agenda." *The Contemporary Pacific* 12, no. 1 (2000): 177-192.

Fischler, Claude, and Estelle Masson. *Manger: Français, Européens et Américains face à l'alimentation*. Odile Jacob, 2008.

Flora Southey, "Supermarkets call for extension on new HFSS laws: 'This tight timeframe will add considerable cost and burden'," *Food Navigator*, 2021, accessed August 2023, https://www.foodnavigator.com/Article/2021/11/23/Supermarkets-call-for-extension-on-new-HFSS-laws-This-tight-timeframe-will-add-considerable-cost-and-burden

Food and Agriculture Organization, "FAO pledges to help Pacific Island nations respond to the challenges of climate change, food insecurity and malnutrition, hand in hand, through enhanced partnerships," *News and Press Release*, 2019, accessed August 2023, https://www.fao.org/asiapacific/news/detail-events/en/c/1236328/

Food and Agriculture Organization. *Report on the state of the world's plant genetic resources for food and agriculture: prepared for the International Technical Conference on Plant Genetic Resources, Leipzig, Germany 17-23 June 1996*. FAO, 1996.

Food Ideas, "The law on labeling and advertising of food products, by the Chilean Ministry of Health," *Food Ideas*, 2020, accessed August 2023, https://letsfoodideas.com/en/initiative/the-law-on-labeling-and-advertising-of-food-products-by-the-chilean-ministry-of-health/

Food Processing, "Study: Front-Pack Symbols Affect Buying," *Food Processing*, 2022, accessed August 2023, https://www.foodprocessing.com/business-of-food-beverage/international/news/11289347/study-frontpack-symbols-affect-buying

Fotion, Nicholas. "Paternalism." *Ethics* 89, no. 2 (1979): 191-198.

Freytas-Tamura, Kimiko. "France Bans Free Soda Refills in Attack on Obesity." *The New York Times*, 2017, accessed August 2023, https://www.nytimes.com/2017/01/27/world/europe/france-soda-refill-ban.html

Friedman, Jeffrey M. "Modern science versus the stigma of obesity." *Nature medicine* 10, no. 6 (2004): 563-569.

Friedman, Milton. *Capitalism and Freedom*. 40th Anniversary Edition. The University of Chicago Press, 2002.

Friel, Sharon, Libby Hattersley, Wendy Snowdon, A-M. Thow, Tim Lobstein, David Sanders, Simon Barquera et al. "Monitoring the impacts of trade agreements on food environments." *obesity reviews* 14 (2013): 120-134.

Galvan, Jose L., and Melisa C. Galvan. *Writing literature reviews: A guide for students of the social and behavioral sciences*. Taylor & Francis, 2017.

Gamble, Andrew. "Hayek and Liberty." Critical Review 25, no. 3-4 (2013): 342-363.

Garfield, Bob. The chaos scenario. Stielstra Publishing, 2009.

Garth Johnston, "No Chunk Left Behind: NYC Has Fewer Young Fatties, Brags Bloomberg," *Gothamist*, 2011, accessed August 2023, https://gothamist.com/food/no-chunk-left-behind-nyc-has-fewer-young-fatties-brags-bloomberg

Gert, Bernard, and Charles M. Culver. "The justification of paternalism." *Ethics* 89, no. 2 (1979): 199-210.

Gill Hyslop, "Majority of Brits believe HFSS restrictions will be ineffective in fighting obesity," *Bakery and Snacks*, 2022, accessed August 2023, https://www.bakeryandsnacks.com/Article/2022/04/19/majority-of-brits-believe-hfss-restrictions-will-be-ineffective-in-fighting-obesity

Gillies, John, and Mark Sheehan. "When should patients be held responsible for their lifestyle choices?." *BMJ 332*, no. 7536 (2006): 279.

Girard, Charles. "Making democratic contestation possible: public deliberation and mass media regulation." *Policy Studies* 36, no. 3 (2015): 283-297.

Global Panel on Agriculture and Food Systems for Nutrition. Rethinking trade policies to support healthier diets." *Policy Brief* 13 (2020).

Godfrey, Jodi R. "A Tour of School Lunch: What We Can Learn from the French Approach." *Childhood Obesity (Formerly Obesity and Weight Management)* 8, no. 5 (2012): 491-495.

Goodwin, Tom. "Why we should reject 'nudge'." *Politics* 32, no. 2 (2012): 85-92.

Gostin, Lawrence O., and Allyn L. Taylor. "Global health law: a definition and grand challenges." *Public Health Ethics* 1, no. 1 (2008): 53-63

Gostin, Lawrence O., and Kieran G. Gostin. "A broader liberty: JS Mill, paternalism and the public's health." *Public health* 123, no. 3 (2009): 214-221.

Gourevitch, Alex. *From slavery to the cooperative commonwealth: labor and republican liberty in the nineteenth century*. Cambridge University Press, 2014.

Government of Samoa. "EAT Forum." 2016, accessed September 2023, https://www.samoagovt.ws/2016/06/eat-forum/

Government of Samoa. "Press Statement by the Minister of Agriculture & Fisheries, Afioga La'auli Leuatea Polataivao Fosi for the United Nations Food Systems Summit 2021." 2021, accessed September 2023, https://www.samoagovt.ws/2021/09/press-statement-by-the-minister-of-agriculture-fisheries-afioga-laauli-leuatea-polataivao-fosi-for-the-united-nations-food-systems-summit-2021/

Government of Samoa. "REMARKS: Samoa PM Fiame Naomi Mata'afa delivers national statement at UNGA77." 2022, accessed September 2023, https://www.samoagovt.ws/2022/09/remarks-samoa-pm-fiame-naomi-mataafa-delivers-national-statement-at-unga77/

Government of the Kingdom of Tonga. "Pasifika Plates: promoting healthy Pacific food." 2016, accessed September 2023, https://www.gov.to/press-release/pasifika-plates-promoting-healthy-pacific-food/

Grant, Maria J., and Andrew Booth. "A typology of reviews: an analysis of 14 review types and associated methodologies." *Health information & libraries journal* 26, no. 2 (2009): 91-108.

Gray, John. *Hayek on liberty*. Routledge, 2013.

Greg Lindenberg, "New Yorkers Against Unfair Taxes Takes on Soda Hike," *CSP Daily News*, 2009, accessed August 2023, https://www.cspdailynews.com/regulation-legislation/new-yorkers-against-unfair-taxes-takes-soda-hike

Greg Miller, "The global soda tax experiment," *Knowable Magazine*, 2019, accessed August 2023, https://knowablemagazine.org/article/health-disease/2019/do-soda-taxes-work

Gregori, Dario, Simonetta Ballali, Maria Gabriella Vecchio, Luis Marcel Valenzuela Contreras, Jorge Baeza Correa, Cecilia Bahamonde Perez, Jorge Barrera Luengo et al. "How to communicate nutritional information to people: the attitudes of Chile population toward food." *The Open Obesity Journal* 5, no. 1 (2013).

Griffiths, P. E., and Caroline West. "A balanced intervention ladder: promoting autonomy through public health action." *Public Health* 129, no. 8 (2015): 1092-1098.

Grüne-Yanoff, Till. "Old wine in new casks: libertarian paternalism still violates liberal principles." *Social Choice and Welfare* 38 (2012): 635-645.

Grynbaum, Michael M. "New York's ban on big sodas is rejected by final court." *The New York Times* (2014), accessed October 2023, https://www.nytimes.com/2014/06/27/nyregion/city-loses-final-appeal-on-limiting-sales-of-large-sodas.html

Grynbaum, Michael M. "Bloomberg Plans a Ban on Large Sugared Drinks." *The New York Times*, 2012, accessed August 2023, https://www.nytimes.com/2012/05/31/nyregion/bloomberg-plans-a-ban-on-large-sugared-drinks.html?smid=tw-nytimes&seid=auto

Guthman, Julie. *Weighing in: Obesity, food justice, and the limits of capitalism*. Vol. 32. University of California Press, 2011.

Haden, Roger. *Food culture in the Pacific Islands*. Bloomsbury Publishing USA, 2009.

Hagmann, Désirée, Michael Siegrist, and Christina Hartmann. "Taxes, labels, or nudges? Public acceptance of various interventions designed to reduce sugar intake." *Food Policy* 79 (2018): 156-165.

Han, Euna, and Lisa M. Powell. "Consumption patterns of sugar-sweetened beverages in the United States." *Journal of the Academy of Nutrition and Dietetics* 113, no. 1 (2013): 43-53.

Hannah Thompson, "France moves to tackle growing problem of childhood obesity," *The Connexion*, 2023, accessed August 2023, https://www.connexionfrance.com/article/French-news/Health/France-moves-to-tackle-growing-problem-of-childhood-obesity

Hansan, Kylee. "Are you Pouring on the Pounds?" Civics and Rhetoric Life. *Pennsylvania State University*, 2013, accessed September 2023, https://sites.psu.edu/hansanrcl/2013/10/16/are-you-pouring-on-the-pounds/

Hare, Richard Mervyn. *Applications of Moral Philosophy*. London: Macmillan, 1972.

Harris, Jennifer L., Jennifer L. Pomeranz, Tim Lobstein, and Kelly D. Brownell. "A crisis in the marketplace: how food marketing contributes to childhood obesity and what can be done." *Annual review of public health* 30 (2009): 211-225.

Harry Taylor, "Delay to junk food ads ban could 'blow a hole' in UK obesity strategy," *The Guardian*, 2022, accessed August 2023, https://www.theguardian.com/society/2022/may/14/delay-to-junk-food-ads-ban-could-blow-a-hole-in-uk-obesity-strategy

Hausman, Daniel M., and Brynn Welch. "Debate: To nudge or not to nudge." *Journal of Political Philosophy* 18, no. 1 (2010): 123-136.

Hawkes, Corinna, Mickey Chopra, and Sharon Friel. "Globalization, Trade, and the Nutrition Transition." *Edited by Ronald Labonté, Ted Schrecker, Corinne Packer, and Vivien Runnels* (2009).

Hawkins, Darren G., David A. Lake, Daniel L. Nielson, and Michael J. Tierney. "Delegation under anarchy: states, international organizations, and principal-agent theory." *Delegation and agency in international organizations* 3 (2006).

Hayek, Friedrich A. *The Constitution of Liberty*. The University of Chicago Press, 1960.

Hayek, Friedrich August. *Individualism and economic order*. University of Chicago Press, 1980.

Hayek, Friedrich. A. *The Road to Serfdom*. Text and Documents: the Definitive Edition. London: Taylor & Francis Group, 2007.

Hector, Colin. "Nudging towards Nutrition: Soft Paternalism and Obesity-Related Reform." *Food & Drug LJ* 67 (2012).

Heller, Keith E., Brian A. Burt, and Stephen A. Eklund. "Sugared soda consumption and dental caries in the United States." *Journal of Dental Research* 80, no. 10 (2001): 1949-1953.

Henley, Jon. "Snack Attack." *The Guardian*, 2005, accessed August 2023, https://www.theguardian.com/education/2005/sep/07/schoolsworldwide.world

Henry Bodkin, "Tesco to open first healthy food-only store as junk food advertising ban looms," *The Telegraph*, 2022, accessed August 2023, https://www.telegraph.co.uk/news/2022/02/05/tesco-open-first-healthy-food-only-store-junk-food-advertising/

Herington, Jonathan, Angus Dawson, and Heather Draper. "Obesity, liberty, and public health emergencies." *Hastings Center Report* 44, no. 6 (2014): 26-35.

HM Government. *Childhood obesity: a plan for action*. "Chapter 2. Foreword by the Prime Minister" London: HM Government, 2018.

HM Government. *Childhood obesity: a plan for action*: *Chapter 2*. London: HM Government, 2018.

House of Commons. *Draft Food (Promotion and Placement) (England) Regulations 2021*. Delegated Legislation Committee, debated on Monday 15 November 2021. London: UK Parliament, accessed September 2023, https://hansard.parliament.uk/Commons/2021-11-15/debates/e7157e21-a083-4cbd-aabc-e52b006497e1/DraftFood(PromotionAndPlacement)(England)Regulations2021

House of Commons. *High Fat, Sugar and Salt Advertising Consultation Response*. Statement made on 24 June 2021. London: UK Parliament, accessed September 2023, https://questions-statements.parliament.uk/written-statements/detail/2021-06-24/hcws123

House of Lords. *Food (Promotion and Placement) (England) Regulations 2021*. Volume 816: debated on Tuesday 23 November 2021. London: UK Parliament, accessed September 2023, https://hansard.parliament.uk/lords/2021-11-23/debates/E2361007-9F39-4157-B1C7-95797CC1402E/Food(PromotionAndPlacement)(England)Regulations2021

House of Lords. *Government Food Strategy*. Volume 822: debated on Monday 13 June 2022. London: UK Parliament, accessed September 2023, https://hansard.parliament.uk/lords/2022-06-13/debates/232E73AD-84CA-4D19-87EC-5D1E6E639AD8/GovernmentFoodStrategy

House of Lords. *Health and Care Bill*. Volume 818: debated on Friday 4 February 2022. London: Department of Health & Social Care, 2022, accessed August 2023, https://hansard.parliament.uk/Lords/2022-02-04/debates/4E575108-AD20-4C30-9F49-00957E3A0294/HealthAndCareBill

Hu, Frank B., and Vasanti S. Malik. "Sugar-sweetened beverages and risk of obesity and type 2 diabetes: epidemiologic evidence." *Physiology & behavior* 100, no. 1 (2010): 47-54.

Huang, Chen, Jianfeng Huang, Yu Tian, Xueli Yang, and Dongfeng Gu. "Sugar sweetened beverages consumption and risk of coronary heart disease: a meta-analysis of prospective studies." *Atherosclerosis* 234, no. 1 (2014): 11-16.

Hughes, Robert G., and Geoffrey C. Marks. "Against the tide of change: diet and health in the Pacific islands." (2010).

Hur, Jinhee, Ebunoluwa Otegbeye, Hee-Kyung Joh, Katharina Nimptsch, Kimmie Ng, Shuji Ogino, Jeffrey A. Meyerhardt et al. "Sugar-sweetened beverage intake in adulthood and adolescence and risk of early-onset colorectal cancer among women." *Gut* 70, no. 12 (2021): 2330-2336.

Hurka, Thomas. "The justification of national partiality." *The morality of nationalism* 139 (1997).

Hyde, Rob. "Europe battles with obesity." *The Lancet* 371, no. 9631 (2008): 2160-2161.

Imamura, Fumiaki, Laura O'Connor, Zheng Ye, Jaakko Mursu, Yasuaki Hayashino, Shilpa N. Bhupathiraju, and Nita G. Forouhi. "Consumption of sugar sweetened beverages, artificially sweetened beverages, and fruit juice and incidence of type 2 diabetes: systematic review, meta-analysis, and estimation of population attributable fraction." *Bmj* 351 (2015).

Institute for Health Metrics and Evaluation (IHME). "GBD compare." Visualizations, *IHME Website*, 2019, accessed August 2023, https://vizhub.healthdata.org/gbd-compare/

International Food Policy Research Institute, "The links between food-related trade and fiscal policies and obesity rates in low- and middle-income countries," *IFPRI*, 2022, accessed August 2023, https://www.ifpri.org/blog/links-between-food-related-trade-and-fiscal-policies-and-obesity-rates-low-and-middle-income

Isett, Kimberley Roussin, Miriam J. Laugesen, and David H. Cloud. "Learning from New York City." *Journal of public health management and practice* 21, no. 4 (2015): 313-322.

Ismaili M'hamdi, Hafez. "Neutrality and perfectionism in public health." *The American Journal of Bioethics* 21, no. 9 (2021): 31-42.

Jacobson, Adam, "NZ-based companies profit from sugary drink exports to Pacific," *RNZ News*, 2021, accessed August 2023, https://www.rnz.co.nz/international/pacific-news/443490/nz-based-companies-profit-from-sugary-drink-exports-to-pacific

Jane Chambers, "The labels encouraging Chileans to buy healthier food," *BBC News*, 2021, accessed August 2023, https://www.bbc.com/news/world-latin-america-57553315

Janz, Nancy K., and Marshall H. Becker. "The health belief model: A decade later." *Health education quarterly* 11, no. 1 (1984): 1-47.

Jennings, Bruce. "Public health and civic republicanism: Toward an alternative framework for public health ethics." *Ethics, prevention, and public health* (2007): 30-58.

Jennings, Bruce. "Public health and liberty: beyond the Millian paradigm." *Public Health Ethics* 2, no. 2 (2009): 123-134.

Jensen, Melissa L., Camila Corvalán, Marcela Reyes, Barry M. Popkin, and Lindsey Smith Taillie. "Snacking patterns among Chilean children and adolescents: is there potential for improvement?." *Public health nutrition* 22, no. 15 (2019): 2803-2812.

Johnson, Rachel K., and Bethany A. Yon. "Turning the Tide on Americans' Added Sugars Consumption." *Nutrition Today* 47, no. 3 (2012): 93-95.

Jonathan Eley, "UK supermarkets prepare to move unhealthy foods out of temptation's way," *Financial Times*, 2022, accessed August 2023, https://www.ft.com/content/f771dec3-c668-4eff-8d78-3cc5ea0aa56c

Jones, Alexandra, Bruce Neal, Belinda Reeve, Cliona Ni Mhurchu, and Anne Marie Thow. "Front-of-pack nutrition labelling to promote healthier diets: current practice and opportunities to strengthen regulation worldwide." *BMJ global health* 4, no. 6 (2019).

Jorge Tisné, "Nueva normativa de alimentos y uso de marcas comerciales," *El Mercurio*, 2016, accessed August 2023, https://www.elmercurio.com/legal/movil/detalle.aspx?Id=905126&Path=/0D/CF/

Josh Jacobs, "Chile's sugary food fight echoes around the world," *Financial Times*, 2019, accessed August 2023, https://www.ft.com/content/d481cf02-1e47-11e9-a46f-08f9738d6b2b

Joshua E. Keating, "Why Do the World's Fattest People Live on Islands?," *Foreign Policy*, February 9, 2011, accessed August 2023, https://foreignpolicy.com/2011/02/09/why-do-the-worlds-fattest-people-live-on-islands/

Judith Evans and Harriet Agnew, "Big food's unhealthy products leave bitter taste for ESG investors," *Financial Times*, 2022, accessed August 2023, https://www.ft.com/content/d04c3967-d0c8-4745-af17-62a1adc5a376

Kahan, Dan M., and Donald Braman. "Cultural cognition and public policy." *Yale L. & Pol'y Rev.* 24 (2006).

Kansagra, Susan M., Maura O. Kennelly, Cathy A. Nonas, Christine J. Curtis, Gretchen Van Wye, Andrew Goodman, and Thomas A. Farley. "Reducing sugary drink consumption: New York City's approach." *American journal of public health* 105, no. 4 (2015): 61-64.

Kanter, Rebecca, and Mariana León Villagra. "Participatory methods to identify perceived healthy and sustainable traditional culinary preparations across three generations of adults: Results from Chile's metropolitan region and region of La Araucanía." *Nutrients* 12, no. 2 (2020).

Kate, Briquelet, "The impact of Nanny Bloomberg", *New York Post*, 2013, accessed October 2023, https://nypost.com/2013/11/10/the-impact-of-nanny-bloomberg/

Katy Askew, "Is Truss planning to scrap HFSS restrictions? UK accused of 'huge setback' in obesity strategy," *Food Navigator*, 2022, accessed August 2023, https://www.foodnavigator.com/Article/2022/09/14/Is-Truss-planning-to-scrap-HFSS-restrictions-UK-accused-of-huge-setback-in-obesity-strategy

Katy Askew, "Tesco named UK's 'healthiest' supermarket… but 'performance across the board is poor'," *Food Navigator*, 2022, accessed August 2023, https://www.foodnavigator.com/Article/2022/05/13/tesco-named-uk-s-healthiest-supermarket-but-performance-across-the-board-is-poor

Kawachi, Ichiro, Subu V. Subramanian, and Naomar Almeida-Filho. "A glossary for health inequalities." *Journal of Epidemiology & Community Health* 56, no. 9 (2002): 647-652.

Kelly, Bridget, Clare Hughes, Kathy Chapman, Jimmy Chun-Yu Louie, Helen Dixon, Jennifer Crawford, Lesley King, Mike Daube, and Terry Slevin. "Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market." *Health promotion international* 24, no. 2 (2009): 120-129.

Kessaram, Tara, Jeanie McKenzie, Natalie Girin, Onofre Edwin A. Merilles, Jessica Pullar, Adam Roth, Paul White, and Damian Hoy. "Overweight, obesity, physical activity and sugar-sweetened beverage consumption in adolescents of Pacific islands: results from the Global School-Based Student Health Survey and the Youth Risk Behavior Surveillance System." *BMC obesity* 2 (2015): 1-10.

Keyes, Katherine M., and Sandro Galea. *Population health science*. Oxford University Press, 2016.

Keynes, John Maynard. "Economic Possibilities for our Grandchildren (1930)." In The Collected Writings of John Maynard Keynes, edited by Elizabeth Johnson and Donald Moggridge. *Royal Economic Society*, 1978.

Kiple, Kenneth F., and Kriemhild Coneè Ornelas, eds. *The Cambridge world history of food*. Vol. 2. Cambridge University Press, 2000.

Kit, Brian K., Tala HI Fakhouri, Sohyun Park, Samara Joy Nielsen, and Cynthia L. Ogden. "Trends in sugar-sweetened beverage consumption among youth and adults in the United States: 1999–2010." *The American journal of clinical nutrition* 98, no. 1 (2013): 180-188.

Kite, James, Anne Grunseit, Erika Bohn-Goldbaum, Bill Bellew, Tom Carroll, and Adrian Bauman. "A systematic search and review of adult-targeted overweight and obesity prevention mass media campaigns and their evaluation: 2000–2017." *Journal of Health Communication* 23, no. 2 (2018): 207-232.

Kleinig, John. "Paternalism." *Manchester University Press* (1983).

Kovacs, Viktoria Anna, Sven Messing, Petru Sandu, Paola Nardone, Enrica Pizzi, Maria Hassapidou, Katarzyna Brukalo, Ernestine Tecklenburg, and Karim Abu-Omar. "Improving the food environment in kindergartens and schools: An overview of policies and policy opportunities in Europe." *Food Policy* 96 (2020).

Krieger, James, Sara N. Bleich, Stephanie Scarmo, and Shu Wen Ng. "Sugar-sweetened beverage reduction policies: progress and promise." *Annual Review of Public Health* 42 (2021): 439-461.

Kubik, Martha Y., Leslie A. Lytle, Peter J. Hannan, Cheryl L. Perry, and Mary Story. "The association of the school food environment with dietary behaviors of young adolescents." *American journal of public health* 93, no. 7 (2003): 1168-1173.

Kuhnlein, Harriet V., and Olivier Receveur. "Dietary change and traditional food systems of indigenous peoples." *Annual review of nutrition* 16, no. 1 (1996): 417-442.

Kukathas, Chandran. "Liberty." *A companion to contemporary political philosophy* (2017): 685-698.

Kymlicka, Will. "Liberalism and communitarianism." *Canadian Journal of Philosophy* 18, no. 2 (1988): 181-203.

Lacoste-Badie, Sophie, M. Minvielle, and O. Droulers. "Attention to food health warnings in children's advertising: a French perspective." *Public health* 173 (2019): 69-74.

Lane, Jan-Erik. "The principal-agent approach to politics: Policy implementation and public policy-making." *Open Journal of Political Science* 3, no. 02 (2013).

Lang, Tim, and Michael Heasman. *Food wars: the global battle for mouths, minds and markets*. Routledge, 2015.

Larson, Nicole, and Mary Story. "A review of snacking patterns among children and adolescents: what are the implications of snacking for weight status?." *Childhood obesity* 9, no. 2 (2013): 104-115.

Le Canard enchaîné. "Obésité : Malbouffe s'en va-t-en guerre." *Le Canard enchaîné*, 2004.

Le Figaro. "Obésité: les distributeurs automatiques de boissons et d'aliments interdits dans les collèges et lycée," *Le Figaro*, 2004.

Le Grand, Julian. *The strategy of equality: redistribution and the social services*. Vol. 13. Routledge, 2018.

Leonard, Thomas C. "Richard H. Thaler, Cass R. Sunstein, Nudge: Improving decisions about health, wealth, and happiness: Yale University Press, New Haven, CT, 2008." (2008): 356-360.

Levac, Danielle, Heather Colquhoun, and Kelly K. O'Brien. "Scoping studies: advancing the methodology." *Implementation science* 5 (2010): 1-9.

Lhuissier, Anne. "Compte rendu d'ouvrage-Manger: Français, Européens et Américains face à l'alimentation." *Review of Agricultural and Environmental Studies-Revue d'Etudes en Agriculture et Environnement (RAEStud)* 89, no. 906-2016-71159 (2008): 110-115.

Ligue des droits de l'enfant. "Le danger des sodas sur la santé de nos enfants." 2020, accessed August 2023, https://www.liguedroitsenfant.be/3387/le-danger-des-sodas-sur-la-sante-de-nos-enfants/#:~:text=Les%20r%C3%A9sultats%20de%20ces%20recherches,en%20premier%20lieu%20le%20foie

Lin, Tracy Kuo, Yasmin Teymourian, and Maitri Shila Tursini. "The effect of sugar and processed food imports on the prevalence of overweight and obesity in 172 countries." *Globalization and health* 14, no. 1 (2018): 1-14.

Lindbladh, Eva, Carl Hampus Lyttkens, Bertil S. Hanson, and P-O. Östergren. "Equity is out of fashion? An essay on autonomy and health policy in the individualized society." *Social Science & Medicine* 46, no. 8 (1998): 1017-1025.

Lindsay Freeman Wiley, "Sugary Drinks, Happy Meals, Social Norms, and the Law: The Normative Impact of Product Configuration Bans," Connecticut Law Review 46, no. 6 (2014): 1877-1888.

Linnekin, Baylen. "Research Supporting Chile's Anti-Obesity Regulations Doesn't Tell Us if the Regulations Work." *Reason*, 2019, accessed August 2023, https://reason.com/2019/02/23/research-supporting-chiles-anti-obesity/

Lioret, Sandrine, M. Touvier, Carine Dubuisson, A. Dufour, G. Calamassi-Tran, L. Lafay, J-L. Volatier, and Bernard Maire. "Trends in child overweight rates and energy intake in France from 1999 to 2007: relationships with socioeconomic status." *Obesity* 17, no. 5 (2009): 1092-1100.

Lippert-Rasmussen, Kasper. "When group measures of health should matter." *Inequalities in health: Concepts, measures, and ethics* (2013): 52-65.

Liu, Siyuan, Paul J. Veugelers, Chunhao Liu, and Arto Ohinmaa. "The cost effectiveness of taxation of sugary foods and beverages: a systematic review of economic evaluations." *Applied Health Economics and Health Policy* (2022): 1-14.

Llaha, Fjorida, Mercedes Gil-Lespinard, Pelin Unal, Izar de Villasante, Jazmín Castañeda, and Raul Zamora-Ros. "Consumption of sweet beverages and cancer risk. A systematic review and meta-analysis of observational studies." *Nutrients* 13, no. 2 (2021).

Lloyd-Williams, Ffion, Helen Bromley, Lois Orton, Corinna Hawkes, David Taylor-Robinson, Martin O'Flaherty, Rory McGill, Elspeth Anwar, Lirije Hyseni, May Moonan, Mike Rayner, and Simon Capewell. "Smorgasbord or symphony? Assessing public health nutrition policies across 30 European countries using a novel framework." *BMC Public Health* 14 (2014): 1-20.

Lo, Veronica Yueh Torng, Gary Sacks, Emma Gearon, and Colin Bell. "Did imports of sweetened beverages to Pacific Island countries increase between 2000 and 2015?." *BMC nutrition* 7, no. 1 (2021): 1-9.

Locke, John. *Two treatises on civil government*. Vol. 9. G. Routledge and sons, limited, 1887.

Loewenstein, George, Troyen Brennan, and Kevin G. Volpp. "Asymmetric paternalism to improve health behaviors." *Jama* 298, no. 20 (2007): 2415-2417.

Lomangino, Kevin. "Anti-obesity ads go extreme." *Clinical Nutrition Insight* 37, no. 1 (2011): 7-9.

Lopez, Ana Mendez, Rachel Loopstra, Martin McKee, and David Stuckler. "Is trade liberalisation a vector for the spread of sugar-sweetened beverages? A cross-national longitudinal analysis of 44 low-and middle-income countries." *Social science & medicine* 172 (2017): 21-27.

Lovett, Frank. "Republicanism." *Stanford Encyclopedia of Philosophy* (2006).

Lowery, David, and Lee Sigelman. "Political culture and state public policy: The missing link." *Western Political Quarterly* 35, no. 3 (1982): 376-384.

Ludwig, David S., Karen E. Peterson, and Steven L. Gortmaker. "Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis." *The lancet* 357, no. 9255 (2001): 505-508.

Lührmann, Anna, Kyle L. Marquardt, and Valeriya Mechkova. "Constraining governments: New indices of vertical, horizontal, and diagonal accountability." *American Political Science Review* 114, no. 3 (2020): 811-820.

Lustig, Robert H., Laura A. Schmidt, and Claire D. Brindis. "The toxic truth about sugar." *Nature* 482, no. 7383 (2012): 27-29.

Lynch, Julia. "Reframing inequality? The health inequalities turn as a dangerous frame shift." *Journal of Public Health* 39, no. 4 (2017): 653-660.

MacIntyre, Alasdair. "Whose Justice? Which Rationality?" In *The New Social Theory Reader: Contemporary Debates*, (1988).

MacIntyre, Alasdair. *After virtue*. A&C Black, 2013.

MacKay, Douglas, and Gopal Sreenivasan. "Justice, inequality, and health." *Stanford Encyclopedia of Philosophy* (2008).

Malik, Vasanti S. "Sugar sweetened beverages and cardiometabolic health." *Current opinion in cardiology* 32, no. 5 (2017): 572-579.

Malik, Vasanti S., Barry M. Popkin, George A. Bray, Jean-Pierre Després, Walter C. Willett, and Frank B. Hu. "Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis." *Diabetes care* 33, no. 11 (2010): 2477-2483.

Mar, Sara. "A Colonizer's Diet." *Public Health Post*, 2021, accessed September 2023, https://www.publichealthpost.org/research/aapi-nutrition/

Marianas Variety. "CHCC Recommends Tax Hikes to 'Promote Healthy Living'," *Marianas Variety*, 2021, accessed August 2023, https://www.mvariety.com/news/chcc-recommends-tax-hikes-to-promote-healthy-living/article_af5587b8-6464-11eb-9e6d-4f733895a95b.html

Marianas Variety. "In Palau, 22.2% of adults are diabetic, 36% are pre-diabetic," *Marianas Variety*, 2021, accessed August 2023, https://www.mvariety.com/news/in-palau-22-2-of-adults-are-diabetic-36-are-pre-diabetic/article_28fff924-472a-11ec-9c6f-f7f65152766e.html

Marianas Variety. "Letter to the Editor: 'Sin Tax' versus 'Sweet Tax'," *Marianas Variety*, 2021, accessed August 2023, https://www.mvariety.com/views/letters_to_editor/letter-to-the-editor-sin-tax-versus-sweet-tax/article_358e72ac-6bc8-5276-9eed-e18a79c1bc24.html

Marianas Variety. "Why I Support the Health Care Impact Tax," *Marianas Variety*, 2021, accessed August 2023, https://www.mvariety.com/views/editorials/why-i-support-the-health-care-impact-tax/article_4e9e64cd-40c6-586c-8661-eef9ebbe6f91.html

Marie Privé, "Les distributeurs de sodas dans les collèges et lycées, c'est bientôt fini !," *Femme Actuelle*, 2017, accessed August 2023, https://www.femmeactuelle.fr/enfant/news-enfant/distributeurs-sodas-colleges-et-lycees-bientot-fini-42900

Mark Duell, Connor Boyd, and Katie Feehan, "'Dismayed' advertising and food groups hit back at 'nanny state' rules banning TV junk food ads before 9pm and scrapping online promotions from 2023," *Daily Mail*, 2021, accessed August 2023, https://www.dailymail.co.uk/news/article-9720971/Dismayed-advertising-food-groups-blast-new-rules-junk-food-ads.html

Marmot, Michael, and Richard Wilkinson, eds. *Social determinants of health*. Oup Oxford, 2005.

Marmot, Michael, Jessica Allen, Ruth Bell, Ellen Bloomer, and Peter Goldblatt. "WHO European review of social determinants of health and the health divide." *The Lancet* 380, no. 9846 (2012): 1011-1029.

Marmot, Michael. "Fair society, healthy lives." *Fair society, healthy lives* (2013): 1-74.

Martin, Laura, Linda Bauld, and Kathryn Angus. "Rapid evidence review: the impact of promotions on high fat, sugar and salt (HFSS) food and drink on consumer purchasing and consumption behaviour and the effectiveness of retail environment interventions." (2017).

Marx, Karl, and Frederick Engels. *The German Ideology* (1932). New York: Prometheus Books, 1998.

Mary O'Connor, "Junk food: Ministers to delay ban on multi-buy deals," *BBC News*, 2022, accessed August 2023, https://www.bbc.com/news/uk-61443047

Mazzocchi, Mario, W. Bruce Traill, and Jason F. Shogren. *Fat economics: nutrition, health, and economic policy*. Oxford University Press, 2009.

McDonald, Andrea. *Sugar-sweetened beverage tax in Pacific Island countries and territories: A discussion paper*. Secretariat of the Pacific Community, 2015.

McGill, Rory, Elspeth Anwar, Lois Orton, Helen Bromley, Ffion Lloyd-Williams, Martin O'Flaherty, David Taylor-Robinson et al. "Are interventions to promote healthy eating equally effective for all? Systematic review of socioeconomic inequalities in impact." *BMC public health* 15, no. 1 (2015): 1-15.

McGregor, Erin M. *Cultural changes influencing rising obesity rates in France*. Oregon State University, 2005.

McGregor, Sue. "Neoliberalism and health care." *International Journal of Consumer Studies* 25, no. 2 (2001).

Mechkova, Valeriya, Anna Lührmann, and Staffan I. Lindberg. "From de-jure to de-facto: Mapping Dimensions and Sequences of Accountability." *Background Paper: Governance and the Law. World Bank: World Development Report* (2017).

Méndez, Claudio. "Etiquetado nutricional de los alimentos: ¿libertad sin equidad?" *El Mostrador*, 2014, accessed August 2023, https://www.elmostrador.cl/noticias/opinion/2014/12/12/etiquetado-nutricional-de-los-alimentos-libertad-sin-equidad/

Mendonça, Raquel de Deus, Adriano Marçal Pimenta, Alfredo Gea, Carmen de la Fuente-Arrillaga, Miguel Angel Martinez-Gonzalez, Aline Cristine Souza Lopes, and Maira Bes-Rastrollo. "Ultraprocessed food consumption and risk of overweight and obesity: the University of Navarra Follow-Up (SUN) cohort study." *The American journal of clinical nutrition* 104, no. 5 (2016): 1433-1440.

Mendonça, Raquel de Deus, Aline Cristine Souza Lopes, Adriano Marçal Pimenta, Alfredo Gea, Miguel Angel Martinez-Gonzalez, and Maira Bes-Rastrollo. "Ultra-processed food consumption and the incidence of hypertension in a Mediterranean cohort: the Seguimiento Universidad de Navarra Project." *American journal of hypertension* 30, no. 4 (2017): 358-366.

Mercer, Chris. "France launches controversial school vending machine ban." *Beverage Daily*, 2005, accessed August 2023, https://www.beveragedaily.com/Article/2005/09/02/France-launches-controversial-school-vending-machine-ban

Mialon, Melissa, Boyd Swinburn, Jillian Wate, Isimeli Tukana, and Gary Sacks. "Analysis of the corporate political activity of major food industry actors in Fiji." *Globalization and health* 12 (2016): 1-14.

Mialon, Mélissa, Camila Corvalan, Gustavo Cediel, Fernanda Baeza Scagliusi, and Marcela Reyes. "Food industry political practices in Chile:"the economy has always been the main concern". *Globalization and Health* 16 (2020): 1-12.

Michelle Whelan, "What brands should be doing now to offset impending HFSS regulations," *Modern Retail*, 2022, accessed August 2023, https://modernretail.co.uk/what-brands-should-be-doing-now-to-offset-impending-hfss-regulations/

Mihaely, Gil. "Un bon repas peut parfois remplacer un cinéma." *Causeur*, 2012, accessed September 2023, https://www.causeur.fr/un-bon-repas-peut-parfois-remplacer-un-cinema-18782

Mill, John Stuart. *On Liberty* (1859). Batoche Books, 2001.

Mill, John Stuart. *Principles of political economy: with some of their applications to social philosophy* (1848). Vol. 1. Longmans, Green, Reader, and Dyer, 1871.

Miller, David. "Justice." *Stanford Encyclopedia of Philosophy* (2017).

Miller, David. *Principles of social justice*. Harvard University Press, 2001.

Minchin, Joshua. "HFSS Regulations Delayed as Cost-of-Living Crisis Rages," *New Food Magazine*, 2022, accessed September 2023, https://www.newfoodmagazine.com/news/164887/hfss-regulations-delayed-as-cost-of-living-crisis-rages/

Ministère de l'Agriculture et de la Souveraineté alimentaire. "La cantine pour apprendre à bien manger." Paris : Ministère de l'Agriculture et de la Souveraineté alimentaire, 2021, accessed August 2023, https://agriculture.gouv.fr/la-cantine-pour-apprendre-bien-manger

Ministère de l'éducation nationale et de la Jeunesse. *Éducation à l'alimentation et au goût*. Paris : Ministère de l'Éducation nationale et de la Jeunesse. Updated August 2023, accessed September 2023, https://www.education.gouv.fr/education-l-alimentation-et-au-gout-7616

Ministerio de Salud, "Directriz para la vigilancia y fiscalización de la composición nutricional de los alimentos y su publicidad, de acuerdo al reglamento sanitario de los alimentos," Santiago: *Departamento de Nutrición y Alimentos*, 2018.

Ministerio de Salud, *Informe de evaluación de la implementación de la ley sobre composición nutricional de los alimentos y su publicidad, Subsecretaría de Salud Pública*. Santiago: División de Políticas Públicas Saludables y Promoción. Departamento de Nutrición y Alimentos 2017.

Ministerio de Salud, *Manual de Etiquetado Nutricional de Alimentos*. Santiago: Ministerio de Salud, 2017.

Ministerio de Salud. *Directriz para la vigilancia y fiscalizacion de la composicion nutricional de los alimentos y su publicidad, de acuerdo al reglamento sanitaria de los alimentos*. Santiago: Departamento de Nutrición y Alimentos, 2018.

Ministerio de Salud. *Encuesta Nacional de Salud 2016-2017*. "Primeros resultados," Santiago: Subsecretaría de Salud Pública, 2017.

Ministerio de Salud. *Informe Sobre Evaluaciones de la Ley N° 20.606 Sobre composición nutricional de los alimentos y su publicidad.* Santiago: Ministerio de Salud, 2021.

Ministerio de Salud. *Ley de Alimentos: Manual de Etiquetado Nutricional*. Santiago: Ministerio de Salud, 2019, accessed August 2023, https://www.minsal.cl/ley-de-alimentos-manual-etiquetado-nutricional/

Ministry for Pacific Peoples. "Food revolution in the Pacific." 2019. *New Zealand Government.*, accessed September 2023, https://www.mpp.govt.nz/news-and-events/2019/food-revolution-in-the-pacific/

Ministry of Finance. "Notice to Sellers of Soda Beverages." Provincial Sales Tax (PST) Notice. Victoria BC (2021).

Moodie, Rob, David Stuckler, Carlos Monteiro, Nick Sheron, Bruce Neal, Thaksaphon Thamarangsi, Paul Lincoln, and Sally Casswell. "Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries." *The lancet* 381, no. 9867 (2013): 670-679.

Mooney, Gavin, and Shane Houston. "Equity in health care and institutional trust: a communitarian view." *Cadernos de Saúde Pública* 24 (2008): 1162-1167.

Mooney, Gavin. "“Communitarian claims” as an ethical basis for allocating health care resources." *Social science & medicine* 47, no. 9 (1998): 1171-1180.

Mooney, Gavin. "Communitarian claims and community capabilities: furthering priority setting?." *Social science & medicine* 60, no. 2 (2005): 247-255.

Moore, Michael, Heather Yeatman, and R. Davey. "Which nanny–the state or industry? Wowsers, teetotallers and the fun police in public health advocacy." *Public health* 129, no. 8 (2015): 1030-1037.

Moore, Sally, and Tom Butler. "UK government delays restriction of promotions on less-healthy foods: Serious implications for tackling obesity." *Obesity* 30, no. 9 (2022): 1722-1723.

Moradi-Lakeh, Maziar, Charbel El Bcheraoui, Marwa Tuffaha, Farah Daoud, Mohammad Al Saeedi, Mohammed Basulaiman, Ziad A. Memish, Mohammad A. AlMazroa, Abdullah A. Al Rabeeah, and Ali H. Mokdad. "Tobacco consumption in the Kingdom of Saudi Arabia, 2013: findings from a national survey." *BMC public health* 15, no. 1 (2015): 1-10.

Moreno, Hernández, and Oyarzún Macchiavello MT. "Attitudes of Chilean students from different socioeconomic levels at the beginning of the implementation of the law governing the sale and advertising of foods high in critical nutrients." *Nutricion Hospitalaria* 34, no. 2 (2017): 431-438.

Morton, Jamie. “Pacific Islands cultural factors probed in sugary drinks study by Auckland University student.” *New Zealand Herald*, 2017, accessed August 2023, https://www.nzherald.co.nz/kahu/pacific-islands-cultural-factors-probed-in-sugary-drinks-study-by-auckland-university-student/7BFPDEDFLOES7S355B6YWHBBK4/

Moubarac, Jean-Claude. "Ultra-processed food and drink products in Latin America: trends, impact on obesity, policy implications." *Pan American Health Organization World Health Organization: Washington, DC, USA* (2015): 1-60.

Mounsey, Sarah, Gade Waqa, Briar McKenzie, Erica Reeve, Jacqui Webster, Colin Bell, and Anne Marie Thow. "Strengthening implementation of diet-related non-communicable disease prevention strategies in Fiji: a qualitative policy landscape analysis." *Globalization and health* 18, no. 1 (2022): 1-24.

Muir, Sarah, Preeti Dhuria, and Christina Vogel. "Government must proceed with landmark anti-obesity regulations in England." *bmj* 378 (2022).

Muir, Sarah, Preeti Dhuria, Emma Roe, Wendy Lawrence, Janis Baird, and Christina Vogel. "UK government's new placement legislation is a 'good first step': a rapid qualitative analysis of consumer, business, enforcement and health stakeholder perspectives." *BMC medicine* 21, no. 1 (2023): 1-14.

Mulderrig, Jane. "Multimodal strategies of emotional governance: a critical analysis of 'nudge' tactics in health policy." *Critical Discourse Studies* 15, no. 1 (2018).

Nano Barahona, Cristóbal Otero y Sebastián Otero, "Ley de etiquetado: evaluando sus efectos en consumidores y empresas de alimentos," *CIPER Chile*, 2021, accessed August 2023, https://www.ciperchile.cl/2021/05/24/ley-de-etiquetado-evaluando-sus-efectos-en-consumidores-y-empresas-de-alimentos/

Narayan, Paresh Kumar, and Biman Chand Prasad. "Economic importance of the sugar industry for Fiji." In *Review of Urban & Regional Development Studies: Journal of the Applied Regional Science Conference*, vol. 17, no. 2, pp. 104-114. Oxford, UK and Boston, USA: Blackwell Publishing, Inc., 2005.

National Health Service Digital. "Statistics on Obesity, Physical Activity and Diet: England 2017." *NHS Digital*, 2017.

Nestle, Marion, and Michael F. Jacobson. "Halting the obesity epidemic: a public health policy approach." *Public health reports* 115, no. 1 (2000): 12.

Nestle, Marion. "The Danish Fat Tax: Reflections on Its Demise." *Food Politics*, 2012, accessed September 2023, https://www.foodpolitics.com/2012/11/the-danish-fat-tax-reflections-on-its-demise/

Nestle, Marion. "The Beverage Association responds." *Food Politics*, 2009, accessed August 2023, https://www.foodpolitics.com/2009/09/the-beverage-association-responds/

Neuhouser, Frederick. "Jean-Jacques Rousseau and the origins of autonomy." *Inquiry* 54, no. 5 (2011): 478-493.

New York City Department of Health and Mental Hygiene, "Health Department Launches Campaign Comparing Sugary Drinks to Cigarettes," news release, 2019, accessed August 2023, https://www.nyc.gov/site/doh/about/press/pr2019/campaign-comparing-sugary-drinks-cigarettes.page

New York City Department of Health and Mental Hygiene, "Obesity (adults)," *Environment & Health Data Portal*, Data Explorer, accessed August 2023, https://a816-dohbesp.nyc.gov/IndicatorPublic/beta/data-explorer/overweight/?id=2063#display=summary

New, Bill. "Paternalism and public policy." *Economics & Philosophy* 15, no. 1 (1999): 63-83.

Newdick, Christopher. "Health equality, social justice and the poverty of autonomy." *Health Economics, Policy and Law* 12, no. 4 (2017): 411-433.

Niall Daly, Sarah Merriam, Hugo Harper, Filippo Bianchi, and Helen Brown "Quantifying the impact of obesity prevention policies in the UK," *The Behavioural Insights Team*, 2022, accessed August 2023, https://www.bi.team/blogs/quantifying-the-impact-of-obesity-prevention-policies-in-the-uk/

Niall McCarthy, "Where People Spend the Most Time Eating & Drinking", *Statista*, 2018, accessed August 2023, https://www.statista.com/chart/13226/where-people-spend-the-most-time-eating-drinking/

Niederdeppe, Jeff, Michael C. Fiore, Timothy B. Baker, and Stevens S. Smith. "Smoking-cessation media campaigns and their effectiveness among socioeconomically advantaged and disadvantaged populations." *American Journal of Public Health* 98, no. 5 (2008): 916-924.

Nielsen, Morten Ebbe Juul. "Republicanism as a paradigm for public health—some comments." *Public Health Ethics* 4, no. 1 (2011): 40-52.

Nozick, Robert. *Anarchy, state, and utopia*. John Wiley & Sons, 1974.

Nuffield Council on Bioethics. "Public health: ethical issues." *Cambridge Publishers Ltd* (2007).

Nussbaum, Martha C. "Perfectionist liberalism and political liberalism." *Philosophy & public affairs* 39, no. 1 (2011): 3-45.

Nussbaum, Martha C. *Creating capabilities: The human development approach*. Harvard University Press, 2011.

Nussbaum, Martha C. *Women and human development: The capabilities approach*. Vol. 3. Cambridge university press, 2000.

Nys, Thomas RV. "Paternalism in public health care." *Public Health Ethics* 1, no. 1 (2008): 64-72.

Obesity Evidence Hub. "Countries that have taxes on sugar-sweetened beverages (SSBs)." accessed August 2023,

https://www.obesityevidencehub.org.au/collections/prevention/countries-that-have-implemented-taxes-on-sugar-sweetened-beverages-ssbs#:~:text=Chile%3A%20Until%202013%2C%20Chile%20had,than%20this%20threshold%20of%20sugar

OECD Health Statistics. "Health expenditure as a share of GDP, 2019 (or nearest year) and 2020." WHO Global Health Expenditure Database. *OECD iLibrary*, 2021.

OECD. "Balancing paid work, unpaid work and leisure." *OECD* (2018).

Opazo, Luis Felipe. "Ley de etiquetado, al límite." *El Mercurio*, 2017, accessed August 2023, https://www.elmercurio.com/legal/movil/detalle.aspx?Id=905791&Path=/0D/D2/

Organización Panamericana de la Salud, "OPS/OMS celebra ley de alimentos en Chile como ejemplo para el resto de los países de las Américas," *Organización Panamericana de la Salud*, (2018), accessed August 2023, https://web.archive.org/web/20180904120925/https://www.paho.org/chi/index.php?option=com_content&view=article&id=845:opsoms-celebra-ley-de-alimentos-en-chile-como-ejemplo-para-el-resto-de-los-paises-de-las-americas&Itemid=1005

Organization for Economic Co-operation and Development. "Health for Everyone?: Social Inequalities in Health and Health Systems." (2019).

Osiac, Lorena Rodríguez, Cristian Cofré, Tito Pizarro, Cristián Mansilla, Cristian A. Herrera, Jaime Burrows, and Carmen Castillo. "Using evidence-informed policies to tackle overweight and obesity in Chile." *Revista Panamericana de Salud Pública* 41 (2018).

Ostwald, Martin, and Mogens Herman Hansen. "Liberty, Equality, and the Ideals of Greek Democracy." *Ancient Greek Democracy: Reading and Sources* (2004): 152-184.

Pacific Community. *Implementation of the Pacific Non-Communicable Diseases Roadmap: Progress, challenges, and future directions. SPC Public Health Division*, 2023.

Pacific Times. "New report reveals behavioral change impact of Pacific Island Food Revolution." 2021, accessed September 2023, https://www.pacificislandtimes.com/post/new-report-reveals-behavioral-change-impact-of-pacific-island-food-revolution

Pacific Waves. "Cultural practices could influence sugar intake." *RNZ*, 2017, accessed August 2023,

https://www.rnz.co.nz/international/programmes/datelinepacific/audio/201830253/cultural-practices-could-influence-sugar-intake

Pak, N., A. M. McDonald, J. McKenzie, and C. Tukuitonga. "Soft drink consumption in Pacific Island countries and territories: a review of trade data." *Pac Health Dialog* 20, no. 1 (2014): 59-66.

Pallikkathayil, Japa. "Neither perfectionism nor political liberalism." *Philosophy & Public Affairs* 44, no. 3 (2016): 171-196.

Parfit, Derek. "Overpopulation and the Quality of Life." In *The repugnant conclusion: Essays on population ethics*, pp. 7-22. Dordrecht: Springer Netherlands, 2004.

Parry, Jane. "Pacific islanders pay heavy price for abandoning traditional diet." *World Health Organization. Bulletin of the World Health Organization* 88, no. 7 (2010).

Patterson, Rosemarie R., Sangeetha Sornalingam, and Max Cooper. "Tackling childhood obesity in the wake of covid-19: lessons from Chile." *BMJ: British Medical Journal (Online)* 373 (2021).

Pauly, Mark V., and Thomas D. Willett. "Two concepts of equity and their implications for public policy." *Social Science Quarterly* (1972): 8-19.

Pavey, Louisa, Paul Sparks, and Susan Churchill. "Proscriptive vs. prescriptive health recommendations to drink alcohol within recommended limits: Effects on moral norms, reactance, attitudes, intentions and behaviour change." *Alcohol and alcoholism* 53, no. 3 (2018): 344-349.

Peters, Micah DJ, Christina M. Godfrey, Hanan Khalil, Patricia McInerney, Deborah Parker, and Cassia Baldini Soares. "Guidance for conducting systematic scoping reviews." *JBI Evidence Implementation* 13, no. 3 (2015): 141-146.

Pettit, Philip. *Republicanism: a theory of freedom and government*. Oxford University Press, 1997.

Philippe Le Coeur, "Polémique sur les distributeurs alimentaires à l'école," *Le Monde*, 2005, accessed August 2023, https://www.lemonde.fr/societe/article/2005/03/24/polemique-sur-les-distributeurs-alimentaires-a-l-ecole_630928_3224.html

Piernas, Carmen, and Barry M. Popkin. "Trends in snacking among US children." *Health affairs* 29, no. 3 (2010): 398-404.

Piernas, Carmen, Georgina Harmer, and Susan A. Jebb. "Removing seasonal confectionery from prominent store locations and purchasing behaviour within a major UK supermarket: Evaluation of a nonrandomised controlled intervention study." *PLoS Medicine* 19, no. 3 (2022).

Piernas, Carmen, Georgina Harmer, and Susan A. Jebb. "Testing availability, positioning, promotions, and signage of healthier food options and purchasing behaviour within major UK supermarkets: Evaluation of 6 nonrandomised controlled intervention studies." *PLoS Medicine* 19, no. 3 (2022).

Popkin, Barry M., and Corinna Hawkes. "Sweetening of the global diet, particularly beverages: patterns, trends, and policy responses." *The lancet Diabetes & endocrinology* 4, no. 2 (2016): 174-186.

Popkin, Barry M., and Thomas Reardon. "Obesity and the food system transformation in Latin America." *Obesity Reviews* 19, no. 8 (2018): 1028-1064.

Popkin, Barry M., Simon Barquera, Camila Corvalan, Karen J. Hofman, Carlos Monteiro, Shu Wen Ng, Elizabeth C. Swart, and Lindsey Smith Taillie. "Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating." *The Lancet Diabetes & Endocrinology* 9, no. 7 (2021): 462-470.

Poulain, Jean-Pierre. "The contemporary diet in France: "de-structuration" or from commensalism to "vagabond feeding"." *Appetite* 39, no. 1 (2002): 43-55.

Powers, Madison, Ruth Faden, and Yashar Saghai. "Liberty, mill and the framework of public health ethics." *Public Health Ethics* 5, no. 1 (2012): 6-15.

Prasad, Satendra, and Darryn Snell. "'The sword of justice': South Pacific trade unions and NGOs during a decade of lost development." *Development in Practice* 14, no. 1-2 (2004): 267-279.

Preda, Adina, and Kristin Voigt. "The social determinants of health: why should we care?." *The American Journal of Bioethics* 15, no. 3 (2015): 25-36.

Public Health England. "Health matters: obesity and the food environment." (2017), accessed August 2023, https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

Publimetro, "Ley de etiquetado: los grandes cambios que trae la tercera etapa," *Publimetro*, 2019, accessed August 2023, https://www.publimetro.cl/cl/noticias/2019/06/27/ley-etiquetado.html

Puhl, Rebecca M., and Chelsea A. Heuer. "Obesity stigma: important considerations for public health." *American journal of public health* 100, no. 6 (2010): 1019-1028.

Puhl, Rebecca, Joerg Luedicke, and Jamie Lee Peterson. "Public reactions to obesity-related health campaigns: a randomized controlled trial." *American journal of preventive medicine* 45, no. 1 (2013): 36-48.

Qin, Pei, Quanman Li, Yang Zhao, Qing Chen, Xizhuo Sun, Yu Liu, Honghui Li et al. "Sugar and artificially sweetened beverages and risk of obesity, type 2 diabetes mellitus, hypertension, and all-cause mortality: a dose–response meta-analysis of prospective cohort studies." *European journal of epidemiology* 35 (2020): 655-671.

Quigley, Muireann. "Nudging for health: on public policy and designing choice architecture." *Medical law review* 21, no. 4 (2013): 588-621.

Rachel Arthur, "'Soft drinks are well placed to confront the HFSS opportunity', says Britvic," *Beverage Daily*, 2022, accessed August 2023, https://www.beveragedaily.com/Article/2022/05/04/soft-drinks-are-well-placed-to-confront-the-hfss-opportunity-says-britvic

Radio Agricultura, "El 78% de los chilenos apoya Ley de Etiquetado según encuesta Activa Research," *Radio Agricultura*, June 27, 2018, accessed August 2023, https://www.radioagricultura.cl/nacional/2018/06/27/el-78-de-los-chilenos-apoya-ley-de-etiquetado-segun-encuesta-activa-research/

Rains, Stephen A. "The nature of psychological reactance revisited: A meta-analytic review." *Human communication research* 39, no. 1 (2013): 47-73.

Ravuvu, Amerita, Joe Pakoa Lui, Adolphe Bani, Anna Wells Tavoa, Raymond Vuti, and Si Thu Win Tin. "Analysing the impact of trade agreements on national food environments: the case of Vanuatu." *Globalization and Health* 17, no. 1 (2021): 1-15.

Rawls, John. *A theory of justice* (1971). Harvard University Press, 1999.

Rayner, Mike, and Peter Scarborough. "The burden of food related ill health in the UK." *Journal of Epidemiology & Community Health* 59, no. 12 (2005): 1054-1057.

Rayner, Mike, Peter Scarborough, and Adam Briggs. "Public Health England's report on sugar reduction." *Bmj* 351 (2015).

Raz, Joseph. "Free expression and personal identification." *Oxford J. Legal Stud.* 11 (1991): 303-324.

Raz, Joseph. "Liberalism, Skepticism, and Democracy." *Iowa L. Rev.* 74 (1988): 761-786.

Raz, Joseph. *The morality of freedom*. Clarendon Press, 1986.

Rebolledo, Natalia, Marcela Reyes, Camila Corvalán, Barry M. Popkin, and Lindsey Smith Taillie. "Dietary intake by food source and eating location in low-and middle-income Chilean preschool children and adolescents from Southeast Santiago." *Nutrients* 11, no. 7 (2019).

Reiley, Laura. "Latin America's war on obesity could be a model for U.S." *The Washington Post*, 2019, accessed August 2023, https://www.washingtonpost.com/business/2019/07/16/latin-americas-war-obesity-could-be-model-us/

Reilly, John J., and Joanna Kelly. "Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review." *International journal of obesity* 35, no. 7 (2011): 891-898.

RenRen, Weicun, Xiaoli Fu, Clifford Silver Tarimo, Maisa Kasanga, Yanqing Wang, and Jian Wu. "The scale and structure of government financial investment in traditional medicine based on optimal efficiency: evidence from public traditional Chinese medicine hospitals (PTHs) of Henan province, China." *BMC health services research* 21 (2021): 1-10.

Resnik, David B. "Paternalistic food and beverage policies: A response to Conly." *Public Health Ethics* 7, no. 2 (2014): 170-177.

Reyes, Marcela, and Camila Corvalan. "Latin American food labelling: Review and recent developments." *Health Claims and Food Labelling* (2019): 179-197.

Reyes, Marcela, Lindsey Smith Taillie, Barry Popkin, Rebecca Kanter, Stefanie Vandevijvere, and Camila Corvalán. "Changes in the amount of nutrient of packaged foods and beverages after the initial implementation of the Chilean Law of Food Labelling and Advertising: A nonexperimental prospective study." *PLoS medicine* 17, no. 7 (2020).

Rico-Campà, Anaïs, Miguel A. Martínez-González, Ismael Alvarez-Alvarez, Raquel de Deus Mendonça, Carmen de la Fuente-Arrillaga, Clara Gómez-Donoso, and Maira Bes-Rastrollo. "Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study." *bmj* 365 (2019).

Ridley, Diana. "The literature review: A step-by-step guide for students." (2012).

Robbins, Christopher. "Photoshopped Amputation In Anti-Soda PSA Upsets Big Soda." *Gothamist*, 2012, accessed August 2023, https://gothamist.com/food/photoshopped-amputation-in-anti-soda-psa-upsets-big-soda

Roberto, Christina A., and Jennifer L. Pomeranz. "Public health and legal arguments in favor of a policy to cap the portion sizes of sugar-sweetened beverages." *American journal of public health* 105, no. 11 (2015): 2183-2190.

Roberto, Christina A., Boyd Swinburn, Corinna Hawkes, Terry TK Huang, Sergio A. Costa, Marice Ashe, Lindsey Zwicker, John H. Cawley, and Kelly D. Brownell. "Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking." *The Lancet* 385, no. 9985 (2015): 2400-2409.

Robertson, Ann. "Critical reflections on the politics of need: implications for public health." *Social science & medicine* 47, no. 10 (1998): 1419-1430.

Robeyns, Ingrid. "The capability approach in practice." *Journal of political philosophy* 14, no. 3 (2006): 351-376.

Robeyns, Ingrid. "The capability approach: a theoretical survey." *Journal of human development* 6, no. 1 (2005): 93-117.

Robinson, Nicola. "Integrated traditional Chinese medicine." *Complementary therapies in clinical practice* 12, no. 2 (2006): 132-140.

Robinson, Nicola. "Integrative medicine—traditional Chinese medicine, a model?." *Chinese Journal of Integrative Medicine* 17 (2011): 21-25.

Romy Raffin, "L'interdiction des snacks à l'école réduit l'obésité," *Le Figaro Santé*, 2012, accessed August 2023, https://sante.lefigaro.fr/actualite/2012/08/13/18790-linterdiction-snacks-lecole-reduit-lobesite

Rose, Geoffrey Arthur, Kay-Tee Khaw, and Michael Marmot. *Rose's strategy of preventive medicine: the complete original text*. Oxford University Press, 2008.

Rose, Nikolas. "The politics of life itself." *Theory, culture & society* 18, no. 6 (2001).

Ross, Hilary. "New HFSS Regulation in England: Promotions, Placement, Pre-Paid Advertising Online and a 9pm Watershed." *Eur. Food & Feed L. Rev.* 16 (2021).

Rousseau, Jean-Jacques. *The Social Contract and Discourses* (1762). Translated with an Introduction by G.D. H. Cole. London and Toronto: J.M. Dent and Sons, 1923.

Roux, Laura Knowlton–Le. "Reading American fat in France: Obesity and food culture." *European journal of American studies* 2, no. 2-2 (2007).

Rowley, Jennifer, and Frances Slack. "Conducting a literature review." *Management research news* 27, no. 6 (2004): 31-39.

Ruanpeng, D., C. Thongprayoon, W. Cheungpasitporn, and T. Harindhanavudhi. "Sugar and artificially sweetened beverages linked to obesity: a systematic review and meta-analysis." *QJM: An International Journal of Medicine* 110, no. 8 (2017): 513-520.

Safefood, "Chile's package of policies: A before and after study," *Safefood*, 2020, accessed August 2023, https://www.safefood.net/nutrition/news/2020/chiles-package-policies

Saghai, Yashar. "Salvaging the concept of nudge." *Journal of medical ethics* 39, no. 8 (2013): 487-493.

Sahal Estimé, Michelle, Brian Lutz, and Ferdinand Strobel. "Trade as a structural driver of dietary risk factors for noncommunicable diseases in the Pacific: an analysis of household income and expenditure survey data." *Globalization and health* 10 (2014): 1-15.

Sally Ball, "Treading lightly on HFSS trading compliance," *Kantar*, 2022, accessed August 2023, https://www.kantar.com/uki/inspiration/health/2023-wp-treading-lightly-on-hfss-trading-compliance

Sandrine Blanchard. "Obésité : la France sur la voie des Etats-Unis." *Le Monde*, 2006, accessed September 2023, https://www.lemonde.fr/societe/article/2006/01/19/obesite-la-france-sur-la-voie-des-etats-unis_732436_3224.html

Sandrine Pinsac. *Interdiction des distributeurs dans les écoles: Impacts sur le marché de la distribution automatique alimentaire.* Université Panthéon Sorbonne, 2005.

Scarborough, Peter, Prachi Bhatnagar, Kremlin K. Wickramasinghe, Steve Allender, Charlie Foster, and Mike Rayner. "The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs." *Journal of public health* 33, no. 4 (2011): 527-535.

Schmidt, Andreas T. "Withdrawing versus withholding freedoms: nudging and the case of tobacco control." *The American Journal of Bioethics* 16, no. 7 (2016): 3-14.

Schmitz, M. Kathryn H., and Robert W. Jeffery. "Public health interventions for the prevention and treatment of obesity." *Medical Clinics of North America* 84, no. 2 (2000): 491-512.

Schneider, Mary-Jane. *Introduction to public health*. Jones & Bartlett Learning, 2020.

Schnettler, Berta, Gastón Ares, Néstor Sepúlveda, Silvana Bravo, Blanca Villalobos, Clementina Hueche, and Cristian Adasme-Berríos. "How do consumers perceive reformulated foods after the implementation of nutritional warnings? Case study with frankfurters in Chile." *Food quality and preference* 74 (2019): 179-188.

Sen, Amartya. "Food and freedom." (1987).

Sen, Amartya. "Human rights and capabilities." *Journal of human development* 6, no. 2 (2005): 151-166.

Sénat. "Les nouveaux apports de la science et de la technologie à la qualité et à la sûreté des aliments (tome 1, rapport)." La culture : quelles sont les conditions du maintien d'une identité alimentaire ?, Rapports d'office parlementaire, accessed August 2023, https://www.senat.fr/rap/r03-267/r03-26719.html

Sénat. "Distributeurs automatiques dans les écoles." 12e législature, 2005, accessed August 2023, https://www.senat.fr/questions/base/2005/qSEQ050618496.html0

Sénat. *Les nouveaux apports de la science à la qualité et à la sûreté des aliments (rapport).* "La Culture: Quelles sont les conditions du maintien d'une identité alimentaire?" Paris: Senat, 2004, accessed September 2023, https://www.senat.fr/rap/r03-267-1/r03-267-119.html#toc569

Shahid, Maria, Bruce Neal, and Alexandra Jones. "Uptake of Australia's health star rating system 2014–2019." *Nutrients* 12, no. 6 (2020).

Sheehan, Mark, and Peter Sheehan. *Justice and the social reality of health: The case of Australia*. New York, NY: Oxford University Press, 2002.

Sheehan, Mark. "The Ethox Approach Revamped with Mark Sheehan, PhD." YouTube video, 2023. *Berman Institute*, accessed October 2023, https://www.youtube.com/watch?v=HaIaUkSz9qg

Sheehan, Peter, and Mark Sheehan. "Caring about the social determinants of health." *The American Journal of Bioethics* 15, no. 3 (2015): 48-50.

Shiffrin, Seana Valentine. "Paternalism, unconscionability doctrine, and accommodation." *Philosophy & Public Affairs* 29, no. 3 (2000): 205-250.

Sievert, Katherine, Mark Lawrence, Asaeli Naika, and Phillip Baker. "Processed foods and nutrition transition in the Pacific: regional trends, patterns and food system drivers." *Nutrients* 11, no. 6 (2019).

Smith, Jordan Douglas. *Sugar, smoke and shock: a rhetorical study of the New York City health department's "Pouring on the Pounds" and "Quit Smoking Today" public health advertisements.* PhD diss., Wichita State University, 2011.

Smulovitz, Catalina, and Enrique Peruzzotti. "Societal Accountability in Latin America." *J. Democracy* 11 (2000): 147-158.

Snowdon, Wendy, and Anne Marie Thow. "Trade policy and obesity prevention: challenges and innovation in the Pacific Islands." *Obesity reviews* 14 (2013): 150-158.

Solomon Islands Government. "Solomon Islands presents, on behave of the Pacific Islands Region, the challenges of meeting Food Security and Nutritional Needs of the people of the Pacific Islands, to the Food and Agriculture Organization (FAO) of the United Nations and its Partners at the Launching of the Asia and Pacific Regional Overview of Food Security and Nutrition 2020 Report." 2021, accessed September 2023, https://solomons.gov.sb/solomon-islands-presents-on-behave-of-the-pacific-islands-region-the-challenges-of-meeting-food-security-and-nutritional-needs-of-the-people-of-the-pacific-islands-to-the-food-and-agriculture-organ/

Spadaro, Giuliana, Katharina Gangl, Jan-Willem Van Prooijen, Paul AM Van Lange, and Cristina O. Mosso. "Enhancing feelings of security: How institutional trust promotes interpersonal trust." *PloS one* 15, no. 9 (2020): e0237934.

Specialty Food Magazine, "Almost half of UK retailers aren't prepared for HFSS legislation," January 10, 2022, accessed August 2023, https://www.specialityfoodmagazine.com/news/almost-half-of-uk-retailers-arent-prepared-for-hfss-legislation

Specialty Food Magazine, "UK government makes U-turn on HFSS, delaying restrictions on promotions," 2022, accessed August 2023, https://www.specialityfoodmagazine.com/news/uk-government-makes-u-turn-on-hfss-delaying-restrictions-on-promotions

Stafford, Ned. "Denmark cancels" fat tax" and shelves" sugar tax" because of threat of job losses." *BMJ: British Medical Journal (Online)* 345 (2012).

Steindl, Christina, Eva Jonas, Sandra Sittenthaler, Eva Traut-Mattausch, and Jeff Greenberg. "Understanding psychological reactance." *Zeitschrift für Psychologie* (2015).

Stevens, John, Jessica Warren, and David Wilcock. "Liz Truss vows to halt Nanny State ban on BOGOF deals: Tory leadership candidate pledges no new taxes on food that's high in fat, salt or

sugar if she wins battle to be next PM." *Daily Mail*, 2022, accessed September 2023, https://www.dailymail.co.uk/news/article-11069973/Liz-Truss-vows-halt-Nanny-State-ban-buy-one-one-free-deals-stop-taxes-unhealthy-food.html

Stice, Eric, Heather Shaw, and C. Nathan Marti. "A meta-analytic review of obesity prevention programs for children and adolescents: the skinny on interventions that work." *Psychological bulletin* 132, no. 5 (2006).

Stoltze, Fernanda Mediano, Joshua O. Barker, Rebecca Kanter, Camila Corvalán, Marcela Reyes, Lindsey Smith Taillie, and Francesca R. Dillman Carpentier. "Prevalence of child-directed and general audience marketing strategies on the front of beverage packaging: the case of Chile." *Public health nutrition* 21, no. 3 (2018): 454-464.

Storcksdieck Genannt Bonsmann, S. "Comprehensive mapping of national school food policies across the European Union plus Norway and Switzerland." *Nutrition bulletin* 39, no. 4 (2014): 369-373.

Sturm, Roland, Lisa M. Powell, Jamie F. Chriqui, and Frank J. Chaloupka. "Soda taxes, soft drink consumption, and children's body mass index." *Health Affairs* 29, no. 5 (2010): 1052-1058.

Summers, Jen. "Policy spotlight." *Faculty Dental Journal* 13, no. 3 (2022).

Sunstein, Cass R. "Misconceptions about nudges." *SSRN 3033101* (2017).

Sunstein, Cass R. "Why Paternalism Is Your Friend." *The New Republic* (2013).

Susser, Mervyn. "Health as a human right: an epidemiologist's perspective on the public health." *American Journal of Public Health* 83, no. 3 (1993): 418-426.

Sweeney, Mark. "UK to ban all online junk food advertising to tackle obesity." *The Guardian*, 2020, accessed August 2023, https://www.theguardian.com/media/2020/nov/10/uk-to-ban-all-online-junk-food-advertising-to-tackle-obesity

Swenson, James. *On Jean-Jacques Rousseau: considered as one of the first authors of the Revolution*. Stanford University Press, 2000.

Swinburn, Boyd, Jan Pryor, Marita McCabe, Robert Carter, Maximilian de Courten, David Schaaf, and Robert Scragg. "The Pacific OPIC project (Obesity Prevention in Communities)-objectives and designs." *Pac Health Dialog* 14, no. 2 (2007): 139-146.

Szot Meza, Jorge. "La transición demográfico-epidemiológica en Chile, 1960-2001." *Revista española de salud pública* 77, no. 5 (2003): 605-613.

T13 en Vivo. "No más comida chatarra: estos son los alimentos que se podrán vender en los kioskos escolares." *T13 en Vivo*, 2016, accessed August 2023, https://www.t13.cl/noticia/nacional/te-puede-servir/No-mas-comida-chatarra-Estos-son-los-alimentos-que-se-podran-vender-en-los-kioscos-escolares

Taber, Daniel R., Jamie F. Chriqui, Renee Vuillaume, and Frank J. Chaloupka. "How state taxes and policies targeting soda consumption modify the association between school vending machines and student dietary behaviors: a cross-sectional analysis." *PLoS One* 9, no. 8 (2014).

Tahzib, Collis. "Perfectionism: Political not metaphysical." *Philosophy & Public Affairs* 47, no. 2 (2019): 144-178.

Taillie, Lindsey Smith, Marcela Reyes, M. Arantxa Colchero, Barry Popkin, and Camila Corvalán. "An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study." *PLoS medicine* 17, no. 2 (2020).

Taillie, Lindsey Smith, Maxime Bercholz, Barry Popkin, Marcela Reyes, M. Arantxa Colchero, and Camila Corvalán. "Changes in food purchases after the Chilean policies on food labelling, marketing, and sales in schools: a before and after study." *The Lancet Planetary Health* 5, no. 8 (2021): 526-533.

Taylor, Charles. "Atomism" In *Powers, Possessions and Freedom: Essays in Honour of C.B. Macpherson* edited by Alkis Kontos. Toronto: University of Toronto Press, 1979: 39-62.

Taylor, Charles. "Hegel: History and Politics." In *Liberalism and Its Critics*, edited by M. Sandel, (1984).

Taylor, Charles. *Sources of the self: The making of the modern identity*. Harvard University Press, 1992.

Taylor, Richard, Dale Bampton, and Alan D. Lopez. "Contemporary patterns of Pacific Island mortality." *International journal of epidemiology* 34, no. 1 (2005): 207-214.

Te Morenga, Lisa, Simonette Mallard, and Jim Mann. "Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies." *Bmj* 346 (2013).

Teng, Andrea, Wendy Snowdon, Si Thu Win Tin, Murat Genç, Elisiva Na'ati, Viliami Puloka, Louise Signal, and Nick Wilson. "Progress in the Pacific on sugar-sweetened beverage taxes: a systematic review of policy changes from 2000 to 2019." *Australian and New Zealand Journal of Public Health* 45, no. 4 (2021): 376-384.

Tesh, Sylvia Noble. *Hidden arguments: Political ideology and disease prevention policy*. Rutgers University Press, 1988.

Thaler, Richard H., and Cass R. Sunstein. *Nudge: improving decisions about Health, Wealth, and Happiness*. 6, 2008.

The Centre for Consumer Freedom. "Big Apple or Big Brother". *Consumerfreedom.com*, accessed October 2023, https://consumerfreedom.com/print-ad/big-apple-or-big-brother/

The Centre for Consumer Freedom. "*You are too stupid*". *Consumerfreedom.com*, accessed October 2023, https://consumerfreedom.com/print-ad/you-are-too-stupid/

The Department of Health and Social Care. *The Food (Promotion and Placement) (England) Regulations 2021*. SI 2021/1368. London: 2021.

The Local. "France bans unlimited refills of soft drinks." *The Local*, 2015, accessed August 2023, https://www.thelocal.fr/20150402/french-mps-ban-unlimited-soda-refils

The Telegraph. "South Pacific Islands to Ban Western Junk Food to Improve Health," *The Telegraph*, 2017, accessed August 2023, https://www.telegraph.co.uk/travel/destinations/oceania/articles/vanuatu-to-ban-western-junk-food-and-go-organic/#:~:text=Torba%20province%2C%20the%20northernmost%20island,entirely%20organic%20region%20by%202020

Theis, Dolly RZ, and Martin White. "Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992–2020." *The Milbank Quarterly* 99, no. 1 (2021): 126-170.

Thomas, Owen, Mark Sheehan, and Mike Rayner. "Bans, Taxes or Product Placement? Applying the Liberal Perfectionist Proviso to Public Health Food Policy." *The American Journal of Bioethics* 21, no. 9 (2021): 51-53.

Thorndike, Anne N., Oliver-John M. Bright, Melissa A. Dimond, Ronald Fishman, and Douglas E. Levy. "Choice architecture to promote fruit and vegetable purchases by families participating in the Special Supplemental Program for Women, Infants, and Children (WIC): randomized corner store pilot study." *Public health nutrition* 20, no. 7 (2017): 1297-1305.

Thow, Anne Marie, Boyd Swinburn, Stephen Colagiuri, Mere Diligolevu, Christine Quested, Paula Vivili, and Stephen Leeder. "Trade and food policy: case studies from three Pacific Island countries." *Food Policy* 35, no. 6 (2010): 556-564.

Thow, Anne Marie, Peter Heywood, Jimaima Schultz, Christine Quested, Stephen Jan, and Stephen Colagiuri. "Trade and the nutrition transition: strengthening policy for health in the Pacific." *Ecology of food and nutrition* 50, no. 1 (2011): 18-42.

Thow, Anne Marie, Shauna M. Downs, Christopher Mayes, Helen Trevena, Temo Waqanivalu, and John Cawley. "Fiscal policy to improve diets and prevent noncommunicable diseases: from recommendations to action." *Bulletin of the World Health Organization* 96, no. 3 (2018).

Thow, Anne Marie. "Trade liberalisation and the nutrition transition: mapping the pathways for public health nutritionists." *Public health nutrition* 12, no. 11 (2009): 2150-2158.

Tichenor, Phillip J., George A. Donohue, and Clarice N. Olien. "Mass media flow and differential growth in knowledge." *Public opinion quarterly* 34, no. 2 (1970): 159-170.

Tirado, Linda. "A Sugar Tax? Let's Stop Nannying Poor People and Find a Proper Solution," *The Guardian*, 2015, accessed September 2023, https://www.theguardian.com/commentisfree/2015/dec/01/sugar-tax-poor-people-obesity-crisis

Tolvhed, Helena, and Outi Hakola. "The individualisation of health in late modernity." *Conceptualising Public Health* (2018).

Tomasi, John. *Free market fairness*. Princeton University Press, 2012.

Townshend, Tim, and Amelia Lake. "Obesogenic environments: current evidence of the built and food environments." *Perspectives in public health* 137, no. 1 (2017): 38-44.

Tremmel, Maximilian, Ulf-G. Gerdtham, Peter M. Nilsson, and Sanjib Saha. "Economic burden of obesity: a systematic literature review." *International journal of environmental research and public health* 14, no. 4 (2017).

Tuckness, Alex. "Locke's political philosophy." *Stanford Encyclopedia of Philosophy* (2005).

United Nations News, "Pacific Island Countries Urged to Produce More Healthy, Competitive Foods," *United Nations News Centre*, October 10, 2014, accessed August 2023, https://news.un.org/en/story/2014/03/463712

University of Central Florida. "State Political Culture." In Chapter 14: State and Local Government, American Government, 2nd edition, accessed September 2023, https://pressbooks.online.ucf.edu/americangovernment2e/chapter/state-political-culture/

University of Hawai'i. "Nutrition Transition of the Pacific: Traditional to Contemporary." In *US Affiliated Pacific Food Guide: A Children's Healthy Living Program Resource for Nutrition*, Regional Information, accessed September 2023, https://manoa.hawaii.edu/ctahr/pacificfoodguide/index.php/about-the-guide/nutrition-transition-of-the-pacific/

Uslaner, Eric M. "Democracy and social capital." *Democracy and trust* 121 (1999).

Valenzuela, Maria Josefina, Beverley Waterhouse, Vishal R. Aggarwal, Karen Bloor, and Tim Doran. "Effect of sugar-sweetened beverages on oral health: a systematic review and meta-analysis." *European journal of public health* 31, no. 1 (2021): 122-129.

Véliz, Carissa, Hannah Maslen, Michael Essman, Lindsey Smith Taillie, and Julian Savulescu. "Sugar, taxes, & choice." *Hastings Center Report* 49, no. 6 (2019): 22-31.

Victoria University of Wellington. "Traditional Pacific Island Lifestyle Inspiration for Healthy Living." *Pasifika Hub*, 2011, accessed September 2023, https://www.wgtn.ac.nz/pasifika/our-community/news/news-archives/2011-news/traditional-pacific-island-lifestyle-inspiration-for-healthy-living

Viswanath, Kasisomayajula, and Karen M. Emmons. "Message effects and social determinants of health: Its application to cancer disparities." *Journal of communication* 56, no. suppl_1 (2006): 238-264.

Vogel, Christina, Sarah Crozier, Daniel Penn-Newman, Kylie Ball, Graham Moon, Joanne Lord, Cyrus Cooper, and Janis Baird. "Altering product placement to create a healthier layout in supermarkets: Outcomes on store sales, customer purchasing, and diet in a prospective matched controlled cluster study." *PLoS Medicine* 18, no. 9 (2021).

Voice of America. "Obesity Among Asia-Pacific Children is Growing Health Crisis," 2018, accessed August 2023, https://www.voanews.com/a/obsity-asia-pacific-children/4338511.html

Waldron, Jeremy. "Autonomy and Perfectionism in Raz's Morality of Freedom." *S. Cal. L. Rev.* 62 (1988).

Wall, Steven. "Perfectionism and paternalism." In *The Routledge handbook of the philosophy of paternalism*, Routledge, 2018: 170-181.

Wall, Steven. "Perfectionism in moral and political philosophy." *Stanford Encyclopedia of Philosophy* (2007).

Wall, Steven. "Perfectionism in politics: A defense." *Contemporary debates in political philosophy* (2009): 99-117.

Wall, Steven. "Perfectionism, public reason, and religious accommodation." *Social Theory and Practice* 31, no. 2 (2005): 281-304.

Wall, Steven. "Perfectionism, reasonableness, and respect." *Political Theory* 42, no. 4 (2014): 468-489.

Wall, Steven. *Liberalism, perfectionism and restraint*. Cambridge University Press, 1998.

Walls, Helen L., Anna Peeters, Joseph Proietto, and John J. McNeil. "Public health campaigns and obesity-a critique." *BMC public health* 11, no. 1 (2011): 1-7.

Weinstock, Daniel. "Can republicanism tame public health?." *Public Health Ethics* 9, no. 2 (2016): 125-133.

Wheeler, Brian. "Are we living in a 'nanny state'?" *BBC News*, 2018, accessed September 2023, https://www.bbc.com/news/uk-politics-45356189

White, Martin, Jean Adams, and Peter Heywood. "How and why do interventions that increase health overall widen inequalities within populations?." In *Social inequality and public health*, pp. 65-82. Policy Press, 2009.

Whitehead, Margaret. "The concepts and principles of equity and health." *International journal of health services* 22, no. 3 (1992): 429-445.

WHO Regional Office for the Western Pacific. *Yanuca Island Declaration.* Manila: 1995.

Wijarnpreecha, K., C. Thongprayoon, P. J. Edmonds, and W. Cheungpasitporn. "Associations of sugar-and artificially sweetened soda with nonalcoholic fatty liver disease: a systematic review and meta-analysis." *QJM: An International Journal of Medicine* 109, no. 7 (2016): 461-466.

Wilding, J. P. H. "Treatment strategies for obesity." *Obesity reviews* 8 (2007): 137-144.

Wiley, Lindsay F., Micah L. Berman, and Doug Blanke. "Who's your nanny? Choice, paternalism and public health in the age of personal responsibility." *Journal of Law, Medicine & Ethics* 41, no. S1 (2013): 88-91.

Wilkinson, Richard G., and Michael Marmot, eds. *Social determinants of health: the solid facts*. World Health Organization, 2003.

Williams, Alan, and Richard Cookson. "Equity in health." *Handbook of health economics* 1 (2000): 1863-1910.

Wilson, James. "Why it's time to stop worrying about paternalism in health policy." *Public Health Ethics* 4, no. 3 (2011): 269-279.

Wilson, James. *Philosophy for public health and public policy: beyond the neglectful state*. Oxford University Press, 2021.

Withrow, David, and David A. Alter. "The economic burden of obesity worldwide: a systematic review of the direct costs of obesity." *Obesity reviews* 12, no. 2 (2011): 131-141.

Wolff, Jonathan. "Method in philosophy and public policy: Applied philosophy versus engaged philosophy." In *The Routledge handbook of ethics and public policy*." Routledge (2018): 13-24.

World Bank, "Pacific Islands: Non-Communicable Disease Roadmap," *World Bank*, 2014, accessed August 2023, https://www.worldbank.org/en/news/feature/2014/07/11/pacific-islands-non-communicable-disease-roadmap

World Bank, "Taxes to Tackle Obesity in Tonga," *World Bank*, 2021, accessed August 2023, https://www.worldbank.org/en/news/feature/2021/12/09/taxes-to-tackle-obesity-in-tonga

World Cancer Research Fund International. "Nourishing framework." accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/

World Cancer Research Fund International. "Nourishing framework." Offer healthy food and set standards in public institutions and other specific settings, Bans specific to vending machines in schools, accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/

World Cancer Research Fund International. "Nourishing framework." *World Cancer Research Fund International*, accessed August 2023, https://www.wcrf.org/policy/policy-databases/nourishing-framework/

World Health Organization. "Health Inequality Monitor." *World Health Organization*, accessed September 2023, https://www.who.int/data/inequality-monitor

World Health Organization. *Diet, food supply and obesity in the Pacific*. 2003.

World Health Organization. *Noncommunicable diseases country profiles 2018*. 2018.

World Health Organization. *Noncommunicable diseases: progress monitor 2022*. 2022.

World Health Organization. *Diet, nutrition, and the prevention of chronic diseases: report of a joint WHO/FAO expert consultation*. Vol. 916. World Health Organization, 2003.

World Health Organization. *Sugars and dental caries*. No. WHO/NMH/NHD/17.12. World Health Organization (2017).

World Population Review, "Obesity Rates by Country 2023," *World Population Review,* 2023, accessed August 2023, https://worldpopulationreview.com/country-rankings/obesity-rates-by-country

Xi, Bo, Yubei Huang, Kathleen Heather Reilly, Shuangshuang Li, Ruolong Zheng, Maria T. Barrio-Lopez, Miguel A. Martinez-Gonzalez, and Donghao Zhou. "Sugar-sweetened beverages and risk of hypertension and CVD: a dose–response meta-analysis." *British Journal of Nutrition* 113, no. 5 (2015): 709-717.

Yeung, Karen. "Nudge as fudge." Mod. L. Rev. 75 (2012).

Yin, Robert K. *Case study research: Design and methods*. Vol. 5. Sage, 2009.

Yin, Robert K., and Karen A. Heald. "Using the case survey method to analyze policy studies." *Administrative science quarterly* (1975): 371-381.

Yueh, Linda., 2018. "Friedrich Hayek's devotion to the free market." *The Times Literary Supplement* (2018), accessed October 2023, https://www.the-tls.co.uk/articles/hayek-devotion-free-market/