Evidence from systematic reviews, meta-analysis and time-series studies consistently supports the use of pricing interventions in achieving healthier consumption patterns among the population in relation to alcohol in excess, cigarettes and, to a lesser extent, for food.\textsuperscript{1,4,8} Interventions are most often implemented by government through additional taxation on items where consumption contributes to risk of non-communicable disease (NCDs). This policy is endorsed by the World Health Organization (WHO).\textsuperscript{9,11,12} In this article, pricing policy consequently refers to the use of taxation to influence health-related behaviour.

Evidence of negative public attitudes towards such policy interventions is accumulating across Europe and elsewhere.\textsuperscript{14–20} An in-depth understanding of these attitudes is necessary to inform effective implementation. The aim of this study is consequently to draw on qualitative data to explore the nature of public acceptability, and in particular those values and beliefs that potentially compete with evidence presented by policy-makers. Gaining a sense of people’s perspectives is of central importance because people are never neutral or passive recipients of policy, but are likely to re-interprett and respond to such initiatives in diverse and subtle ways.

### Introduction

Evidence from systematic reviews, meta-analysis and time-series studies consistently supports the use of pricing interventions in achieving healthier consumption patterns among the population in relation to alcohol in excess, cigarettes and, to a lesser extent, for food.\textsuperscript{1,4,8} Interventions are most often implemented by government through additional taxation on items where consumption contributes to risk of non-communicable disease (NCDs). This policy is endorsed by the World Health Organization (WHO).\textsuperscript{9,11,12} In this article, pricing policy consequently refers to the use of taxation to influence health-related behaviour.
Participants chose their identity or were allocated pseudonyms. School of Biological Sciences, University of Cambridge (7/11). Cambridge Psychology Research Ethics Committee, Council of the

Because this research was not conducted with NHS patients, it fell

Other than to introduce new topics or seek clarification.

Tutors encouraged conversation and debate with minimal intervention,

Research sources (see website for materials). The experienced facilita-

ors encouraged conversation and debate with minimal intervention,

Other than to introduce new topics or seek clarification.

Participants gave written consent for discussions to be video and

Audio-tapes were transcribed verbatim by an independent service.

Analysis was conducted by two experienced data analysts, a

Principal investigator on the study who co-ran the focus groups

(SC) and an independent analyst who was not present at the focus

Groups followed the same protocol, although specific prompts

Varied according to a topic ‘road map’ (figure 1). Real and fictional

Stimuli drawn from a systematic review included: a short video; a

Selection of photographs and other images relating to alcohol in

Excess, cigarettes and food; and text extracts from media and

Research sources (see website for materials). The experienced facilita-

ors encouraged conversation and debate with minimal intervention,

Other than to introduce new topics or seek clarification.

Participants chose their identity or were allocated pseudonyms.

Analysis

Audiotapes were transcribed verbatim by an independent service.

Analysis was conducted by two experienced data analysts, a

Principal investigator on the study who co-ran the focus groups

(SC) and an independent analyst who was not present at the focus
groups (CS, lead analyst) who had access only to the raw transcripts.

CS read all transcripts for data immersion and held eight
documented ‘hashing-out’ discussions with SC. These discussions
refined the constant comparative approach to data sorting and
resulted in definitions for first order themes. CS then systematically
applied these themes to three randomly selected transcripts to
generate subcategories under each theme. Analysis continued as
transcripts were read, with team discussions generating detailed
coding to understand how themes related. Data were extracted,
sorted and categorised and saved in files on a shared server to
enable remote monitoring. A shared data analysis diary was
maintained and used to enable a constant comparative process so
emergent themes could be interrogated.

Results

Twelve focus groups, each consisted of 7–10 participants, were
conducted between October 2011 and February 2012. Ninety-four
participants (48 men, 46 women) aged 19–68 years were recruited in
total, with self-reported household incomes ranging from £8000 to
£250 000 per annum. The majority of participants were healthy and
reported that they had consumed some alcohol during the previous
month; 27 were current smokers (table 1).

Acceptability of pricing policies was most explicitly addressed in
three themes: Relationship to Government (descriptions that
personify or narrate the relationship of ‘us’ vs. ‘them’); Collective
Suffering (descriptions referring to a collective sense of lack of well-
being or suffering as a possible explanation for unhealthy
behaviour); and, Taxation and Pricing (descriptions that depict an
unhelpful or problematic relationship between linking health, price
and taxation). Together 22 000 words, 12% of total transcribed
utterances, were devoted to these three themes. Analysis of the inter-
actions and links made between these themes confirmed an overall
unfavourable attitude and low level of acceptability to the use of
fiscal policies to change behaviour.

Participants elaborated on three sets of beliefs associated with
these expressed negative attitudes:

(i) Pricing makes no difference to behaviour.
(ii) Government operates as an enterprise and introduces pricing
policies to generate income (not changes behaviour)
(iii) Government and the evidence it cites is not trustworthy.

These beliefs appeared to guide responses to policy proposals more
strongly than notions of individual or population health. A sceptical
remark about a policy proposal typically led to shared expressions
questioning government motivation. This underlying stance was
shared by virtually all the participants across themes and in relation
to policies about all behaviours.

Belief that pricing will make no difference to
behaviour

Most respondents suggested that increases in the price of unhealthy
products whether it was alcohol, cigarettes or high fat and unhealthy
food, would have no impact on consumption. Reasons expressed
included the addictive nature of the products with arguments that
people were likely to sacrifice other expenditures in order to
maintain their consumption or find alternative, cheaper ways to
procure them. Typical phrase include; ‘They’ll never stop people
doing what they want to do. (FGD064)’ and ‘It’s not going to stop
people (FGD066)’.

Although there was not always consensus on the incapacity for
pricing to change consumption patterns, when a participant tried to
talk through if such a strategy might work there always followed a
lively debate, with others challenging this viewpoint. Participants
were thus fairly entrenched in the position that price has no
impact on behaviour (see Box 2).

Belief that the government operates as an enterprise:
‘Government Inc.’

The claim that pricing would not be an effective way to change
behaviour was also understood in direct relation to the idea that
taxation is always primarily about revenue or ‘profit’ (see Boxes 1
and 2). There were some positive allusions to hypothecation of taxes
to improve relevant health services (see Nigel in Box 1). Suggestion
that pricing policies were designed to address health issues was
rapidly dismissed as merely a means to justify and legitimize the
underlying government motive. As one participant summarized:
‘I think as well, the government pretend they care but really it’s their
job to, they don’t really care, they just care about earning money . . .’
(FGD061). Such discussions demonstrate the interlinking of themes (1)
and (2): pricing makes no difference to behaviour and government
operates as an enterprise that introduces pricing policies to generate
income (see Box 1).

Discussions of taxation being about revenue rather than health
protection through behaviour change sometimes led to proposals
that prohibition was the only way to change behaviour, but might
only then acceptable where behaviours were presented as addictive,
harmful drugs like smoking. While prohibition was seen to helpfully
prioritise health protection over taxes, there was a counter-argument
expressed about government as a detached entity that controls and
tries to determine everyday social behaviour as either healthy or
unhealthy. The language here invoked feelings of subjugation and
loss of agency. Sonia describes this as ‘the government hypnotising
| Highest Priority | Alcohol | Alcohol | Alcohol | Alcohol | Alcohol | Diet | Diet | Diet |
|------------------|---------|---------|---------|---------|---------|------|------|------|
|                  | Banning supermarket offers (Strongbow photo) | Banning supermarket offers (Min. age (combo)) | Banning supermarket offers (Min. age (woman on bench)) | Banning supermarket offers (Strongbow photo) | Banning supermarket offers (Min. age (Kevin)) | Junk food ads (kid+TV) | Junk food ads (symbol TV) | Calorie counts on menus (menu) USE OBJECT |
|                  | Temptation | Vulnerability | Visceral sensitivity | Safety | Alcohol | Proportionality | Proportionality | Proportionality |
|                  | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests |
|                  | Fear | Fear | Fear | Fear | Fear | Fear | Fear | Fear |
|                  | Research evidence (research excerpt) | Expertise | Evidence | Evidence | Evidence | Evidence | Evidence | Evidence |
|                  | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility |
|                  | Alcohol | Alcohol | Alcohol | Alcohol | Alcohol | Diet | Diet | Diet |
|                  | Star/g415ng Square | Alcohol | Alcohol | Alcohol | Alcohol | Calorie labelling + | Calories/labelling + | (Video) |
|                  | Alcohol | Alcohol | Alcohol | Alcohol | Alcohol | Diet | Diet | Diet |
|                  | Responsibility | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests |
|                  | Research evidence (research excerpt) | Expertise | Evidence | Evidence | Evidence | Evidence | Evidence | Evidence |
|                  | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility |
|                  | Alcohol | Alcohol | Alcohol | Alcohol | Alcohol | Diet | Diet | Diet |
|                  | Banning supermarket offers (video) | Banning supermarket offers (R. Deal cartoon) | Banning supermarket offers (restaurant + label) | Banning supermarket offers (Chips article) | Banning supermarket offers ( Chips cartoon) | (Video) |
|                  | Vulnerability | Age | Body Image | Age | Children | Proportionality |
|                  | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests |
|                  | Low Priority | Low Priority | Low Priority | Low Priority | Low Priority | Low Priority | Low Priority | Low Priority |
|                  | Alcohol | Alcohol | Alcohol | Alcohol | Alcohol | Diet | Diet | Diet |
|                  | Banning supermarket offers (cider/meths) | Banning supermarket offers (Min. age (combo)) | Banning supermarket offers (Min. age (woman on bench)) | Banning supermarket offers (Strongbow photo) | Banning supermarket offers (Min. age (Kevin)) | Junk food ads (kid+TV) | Junk food ads (symbol TV) | Calorie counts on menus (menu) USE OBJECT |
|                  | Nonsensical situations | Safety | Safety | Safety | Safety | Proportionality | Proportionality | Proportionality |
|                  | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests | Commercial interests |
|                  | Alcohol | Alcohol | Alcohol | Alcohol | Alcohol | Diet | Diet | Diet |
|                  | Smaller glasses (Full bottle glass photo) | Diet | Diet | Diet | Diet | Smoking | Smoking | Smoking |
|                  | (Full bottle glass photo) | Price of junk food (expert vignette) | Price of junk food (expert vignette) | Price of junk food (expert vignette) | Price of junk food (expert vignette) | Smoking closed | Smoking closed | Smoking closed |
|                  | Diet | Expertise | International comparison | Health conditions | Commercial interests | Smoking | Smoking | Smoking |
|                  | Commercial interests | Reducing choice | Reducing choice | Reducing choice | Reducing choice | Smoking | Smoking | Smoking |
|                  | Diet | Diet | Diet | Diet | Diet | Smoking | Smoking | Smoking |
|                  | Banning supersize (Chips article) | Banning supersize (Chips article) | Banning supersize (Chips article) | Banning supersize (Chips article) | Banning supersize (Chips article) | Smoking open | Smoking open | Smoking open |
|                  | Pleasure | Pleasure | Pleasure | Pleasure | Pleasure | Smoking open (Video) | Smoking open (Video) | Smoking open (Video) |
|                  | Age | Age | Age | Age | Age | Proportionality | Proportionality | Proportionality |
|                  | Missing the point | Missing the point | Missing the point | Missing the point | Missing the point | Pleasure | Pleasure | Pleasure |
|                  | Parents | Parents | Parents | Parents | Parents | Smoking | Smoking | Smoking |
|                  | Evidence | Evidence | Evidence | Evidence | Evidence | Smoking | Smoking | Smoking |
|                  | Plausibility | Plausibility | Plausibility | Plausibility | Plausibility | Smoking | Smoking | Smoking |
|                  | Smoking cars (Vignette) | Smoking cars (Vignette) | Smoking cars (Vignette) | Smoking cars (Vignette) | Smoking cars (Vignette) | Smoking open (article) | Smoking open (article) | Smoking open (article) |
|                  | Children | Children | Children | Children | Children | Children | Children | Children |
|                  | Effectiveness | Effectiveness | Effectiveness | Effectiveness | Effectiveness | Effectiveness | Effectiveness | Effectiveness |
|                  | Responsibility | Responsibility | Responsibility | Responsibility | Responsibility | Smoking open (article) | Smoking open (article) | Smoking open (article) |
|                  | Plausibility | Plausibility | Plausibility | Plausibility | Plausibility | Smoking open (article) | Smoking open (article) | Smoking open (article) |
|                  | Physical activity | Physical activity | Physical activity | Physical activity | Physical activity | Smoking | Smoking | Smoking |
|                  | Ballgames prohibited | Ballgames prohibited | Ballgames prohibited | Ballgames prohibited | Ballgames prohibited | Smoking | Smoking | Smoking |
|                  | Physical activity | Physical activity | Physical activity | Physical activity | Physical activity | Smoking | Smoking | Smoking |
|                  | Locked courts | Locked courts | Locked courts | Locked courts | Locked courts | Smoking | Smoking | Smoking |
|                  | Physical activity | Physical activity | Physical activity | Physical activity | Physical activity | Smoking | Smoking | Smoking |
|                  | Goal setting | Goal setting | Goal setting | Goal setting | Goal setting | Smoking | Smoking | Smoking |
|                  | Personal responsibility | Personal responsibility | Personal responsibility | Personal responsibility | Personal responsibility | Smoking | Smoking | Smoking |
|                  | Pleasure | Pleasure | Pleasure | Pleasure | Pleasure | Smoking | Smoking | Smoking |
|                  | Evidence | Evidence | Evidence | Evidence | Evidence | Smoking | Smoking | Smoking |

Figure 1 Discussion guide for focus group
us" and Gina in the same dialogue as ‘giving up things, that’s what it always remind me of, government kind of policies is all about giving up smoking, giving up this, giving up that’ followed by Maria as ‘general restrictions, it just feels like you’re more and more restricted for the things you want to do for enjoyment, when they enforce all the policies’ (FGD 061). Brian (FGD 071) feels that there is ‘government interferes in every facet of your life, even those that are pleasurable’.

Despite such arguments against the idea of a ‘nanny state’ some felt the cost to the state, and more specifically the limited resources of the National Health Service (NHS), justified the banning of some products but acknowledged difficulties with alcohol.

**Box 1** Discussions on smoking and food consumption behaviour demonstrating the interlinking of themes; (1) and (2); pricing makes no difference to behaviour and government operates as an enterprise and introduces pricing policies to generates income

**Sandra:** It’s like smoking, they put the tax on, it’s not going to stop anyone.

**Paul:** Jacking it up and jacking it up and jacking it up, they won’t stop, you know.

**Sandra:** No.

**Nigel:** But the price is not a deterrent, but I think I sort of took it as being a tax to pay for the extra… raise extra revenues for the health service, that’s what I took it as, you’re saying a fat tax, I thought they were trying to… maybe… maybe I’m wrong.

**Patrick:** Well, if it’s… if it’s…

**Graham:** I don’t think it’s going to stop people from eating the food.

**Nigel:** It’s certainly not a deterrent, 8p or something.

(FGD073)

**Aiden:** Smoking, yeah, there’s just too much money they’re making out of it to stop it.

**Mary:** And they don’t want to lose out on that money.

**Aiden:** You know if you’re worried about it that much, stop selling fags but they won’t do that because their making so much money, it’s bringing, do you know what I mean.

**Jock:** Yeah and not only that, think about the knock on effect…. They don’t really want people to give up smoking so it’s contradictory isn’t it?

**Aiden:** So what are you saying that smoking is like the feeding arm of the NHS in a way?

**Jock:** I am, yeah.

**Aiden:** That’s a better way of looking at things is it?

**Jock:** No, but I’m not, unfortunately the truth of the matter is that is the realistic thing, the fact that they want you to give up smoking and if you look at the amount they’re spending to stop people smoking it’s peanuts, absolute peanuts because they’re making billions, they’re not making millions, they’re making billions so they spend two million to say “hey look at us, we’re trying to stop smoking”: No you’re not, you don’t want to stop it. (FGD067)

**Bradley:** It’s on the government’s conscience because they’re the ones that are selling the product that’s killing so many thousands of people per year. Or maybe millions, I don’t know the statistics but they’re selling this stuff, which is deadly, which will eventually kill people and they’re earning money off of it (FGD 062).

An argument was repeatedly made that the government would shy away from prohibition to protect revenue, particularly for the health service. The idea that either the government or, at the very least the National Health Service, would ‘go bang’ or ‘flat line’ (Jock FGD 067) or become ‘skint’ (Jimmy FGD 070) if additional taxes on unhealthy products were to reduce consumption supported the belief that the purpose of price-related policies that reduced consumption was only to ‘make money’ (Sid FGD 072). This in turn gave rise to the view that the government operates in ways that resemble big businesses that supply unhealthy products ‘just as MacDonalds’. The view that in some way government is profiting from the suffering masses was expressed in several discussions across the focus groups. For example:

**Anna:** like smoking it’s just going to give you, you know, make you ill but the thing is that I think it’s very difficult to stop people drinking, I don’t know how you would, you know, you’d end up in a nanny state where you know. And if you start telling bars they can’t serve people, can you imagine the ructions there’s going to be?

**Fac 2:** So that does mean we should ban smoking altogether?

**Cate:** Absolutely. (FGD07)

Any suggestion that the government operated in ways to protect the public for example by making healthier foods cheaper, was
Box 2 Dialogue that illustrates beliefs around distrust in government and contradictions in government policy around alcohol

Thea: No, carry on.

Bradley: More and more people seem to be going out late, getting drunk indoors and then going out with say thirty pounds and using that as a cab home, you know, rather than go out drinking, staying in is a lot cheaper because they keep putting the prices up, putting the prices up and people just get sick of paying what they want.

Fac 1: Yeah.

Thea: This is the, um, same government who don’t want us to binge drink but have extended the licensing hours in all the pubs. So, people don’t have to go out until ten, eleven at night because all the pubs are now open until two, three… Well, not really where I live but if you go into towns, they’re open till two, three, some of them four o’clock in the morning so it’s a bit of a… It’s a bit of a hypocritical thing for them to say.

Omer: I don’t think it’s a problem with the long hours, I agree with the gentleman who says it is it’s to do with the education, to educate people how to drink because if you go all over the Europe, Italy, France, people they drink there with common sense, you know, they have a glass of wine with their meal and then they go in the bars and stuff, they have a glass, they have a laugh and I used to work as a bouncer and I know how it is because obviously you got… You got people bringing drinks in their bags, to go into the club because it’s expensive and stuff like that. But it’s to do with education, to do… To tell the people that you can’t just drink because I was talking to people and saying… I was asking, why do you want to get drunk? Why? Because it’s a… It’s a fashion, it’s kind of if you’re not getting drunk with the mates you’re kind of weak so that kind of stuff is kind of trend to get drunk and get smashed…

Fac 1: Does anyone else agree with that view about education or disagree?

Soji: Yeah, sure… Yeah, government should do more than just increasing the price, educating people, the effects of alcohol, um…

Omer: Because we go back to what happened in America in the forties, fifties, whatever was that time that they restricted the alcohol and stuff like that. If government does put the price up you can always have in a black market cheap stuff and people will always get that. So like I said, there has to be…

Georgia: Culture change.

Omer: Culture change. Education and then tell people how to drink, don’t make a drink as an evil thing but reasonable to…

To be honest with you I don’t trust government whatsoever because obviously whoever comes into the…

(Laughter)

Omer: Into the party, they just do their own stuff. And whatever you say to government, one person does something today, next government comes in four years’ time, five years’ time, they change things. So obviously whatever we say that doesn’t count, they do their own stuff. People like us… People like us, they don’t listen. So we have those debates and stuff like that, by the end of the day they talk to themselves and they… Probably they make a decision, those decisions are made from people who probably they’re not asked to see those things. Like I said, I’ve been… I was working in those places for seven, eight years and I’ve seen how people drink and how drink affects people and, and, and, even at clubs and stuff like that, no matter what prices you put, high or lower. You got a student now, it’s two pound for, for vodka and a Red Bull, for students...

(FGD 061)

notably absent from the discussions.

Vic: I think it’s lip service because they’re just about making the money because they’ll make the money more that way [putting up taxes] than making healthy food cheaper. So it’s the government being the government.

Sometimes suspicion was developed further, suggesting that the government sought to extract income by stealth; as Natalie contends, ‘Every time the government do something I just think they’re doing it for their own benefit, they just want your money… That’s all they want is that extra money (FGD 068).’ Similarly, in closing one discussion Thea sums up the group’s collective dismay at the ‘hypocrisy’ of a government that extends licensing hours whilst wanting to reduce binge drinking; bans tobacco advertising but not alcohol promotion; sets guidelines on healthy alcohol consumption but not cigarette consumption [paraphrased from Thea, original in Box 2].

Every time the budget comes out, along with alcohol and fuel, everything goes up in price… But thatjust goes straight back into the government’s pockets so, to be spent on God knows what… if it wasn’t smoking it would be something else so, food, fuel, you know, utilities are just… (Tina FGD 061.)

Belief that the government is not trustworthy

The data suggest strongly that the government simply cannot be trusted:

Olan: To be honest with you I don’t trust government whatsoever (FGD 061)

David: I’d rather trust myself than the government. (FGD 061)

This lack of trust is exacerbated by the perceived contradiction between policy and motive when it comes to matters relating to health:

Gina: … if you say, you know, on the one hand they’re saying, don’t smoke in public places, on the other hand they’re still allowing fags to be sold in shops. They’re really giving a contradictory message, aren’t they? I mean, what is it they’re actually trying to say? (FGD 061)

The lack of trust extends to be a general underlying logic by which participants interpret virtually every issue raised. For example, in response to a brief summary of systematically reviewed evidence of alcohol pricing and consumption, concluding that minimum price per unit of alcohol would result in significant reductions in consumption, none of the participants in the 12 focus groups believed the statement and expressed distrust in relation to any data or research deemed to be sourced from government. The argument related not to the quality of evidence but to its contradictory interpretation and the selective sourcing by government of evidence to suit its purpose (See Box 3).

The belief that government cannot be trusted, is consistent with the previous two beliefs identified and was held across groups. Any dissenting views expressed, any potentially contrary evidence or information, or further probing by one of the facilitators was simply reframed and reinterpreted to uphold the belief. Thus, perhaps more so than the previous two, this belief seemed immutable.

Discussion

These focus groups confirmed evidence from across Europe and elsewhere of the low acceptability of pricing interventions aimed at changing health-related behaviour. We demonstrate an association
of this negative attitude with three consistently expressed and inter-connected sets of beliefs: that pricing policies will make no difference to behaviour; that government prioritises its fiscal responsibility over responsibility for the welfare of its constituents; and that government is untrustworthy. The word ‘belief’ is used here to define dispositions rather than informed positions. In the focus groups—like any other social context—beliefs take on a social form, being established and expressed through interaction with others, and based on emotional and symbolic engagement as much as a rational, information-based assessment. Demonstrating the importance of such cultural factors therefore complements other approaches to alcohol policy that foreground such things as the lack of policy infrastructures or public lack of knowledge about the health effects of alcohol.

Beliefs expressed were largely consistent across behaviours. Participants talked about pricing policies as ineffective at changing health-related behaviour but as highly effective ways to increase government income. The lack of trust appeared to emanate from a perceived inconsistency between the role of government as a collector of tax and as the steward of the population’s wellbeing. The three beliefs were marshaled in various combinations to articulate suspicion in relation to this core tension. The characterisation of government as a single homogeneous body, with common goals and single motives, enabled participants to establish a simple narrative that, during discussion with others, served to consolidate a generalised view. Although these beliefs can be interpreted as justifying, and possibly obfuscating, people’s reluctance to pay more for behaviours they enjoy by eschewing the claim such policies might benefit health, the strength of distrust for government should not be underestimated. For example, only four of the 94 participants ever expressed any response classified as favourable to government, and no group ever came to a consensual view in favour of policy makers.

Our data support the view that responses to policies are shaped by social context and a broader set of judgments, rather than simply that normally defined as evidence. Indeed, as also reported by others, the presentation of evidence suggesting the effectiveness of fiscal policies to reduce unhealthy behaviours only stimulated discussion about its potential for contradictory interpretation and the selective sourcing of evidence by government to suit its purpose.

Study strengths and limitations

The focus group design effectively captured group responses to diverse stimuli related to policy to reduce the consumption of alcohol, cigarettes and unhealthy foods. The method enabled participants to discuss, debate, reflect and exchange a range of positions and experiences. Data thus consist of the ways in which topics were engaged in through interaction, and the manner in which utterances were picked up and built upon by others. This allowed identification of underlying beliefs and their interrelationships that would not be captured by other methods. As a result, a core strength is that it problematises the idea that public acceptability is ever simply determined by the strength and nature of supporting evidence, and instead illustrates the extent to which it emerges as an inherently cultural and social assessment based on a wide heterogeneity of factors.

Use of a data analyst who was blinded to the original research proposal, sampling and data collection (CS), alongside a more engaged researcher (SC) contributed to the inter-rater reliability and rigour of the analysis. Participants were selected according to gender, ethnicity and SES in order to capture a sense of the metropolitan population and thus ensure as wide a variety of potential views were included as possible: The sample was relatively large for a qualitative study of this kind. Caution is necessary however, both in terms of the interpretation of the beliefs identified and in the generalisation of the findings to other populations and behavioural targets of government fiscal policies.

Research and policy implications

Our findings demonstrate the complementary role of qualitative to quantitative methods in policy acceptability studies. Further research could draw on these findings to consider how beliefs are socially produced by, and may shape responses to, fiscal policies and the evidence for and against them, in the sphere of behaviour change and public health.

A range of research suggests the public are more accepting of fiscal policies the larger their effect on health and health-related behaviours and that this is true of financial incentives as well as taxation. This study illustrates how acceptability can also relate to underlying beliefs about the policy maker, in this case government. Mistrust can extend from the evidence of effectiveness itself to the uses of the revenues raised. Acceptability is associated with health hypothecation of taxes; more work is needed to test the relationship experimentally.

Policy acceptability might best be conceived as a broad disposition that emerges and is sustained from diverse factors other than the aims of policy or the presentation of associated evidence alone. Research which clarifies the complex relationship between beliefs, public acceptability and government action is likely to span historical and sociological as well as psychological perspectives in order to unravel the power of a wider set of factors, including industry, advertising and the media.

Meanwhile this study adds voice to a range of possible ways to work with the public on acceptability of pricing policies in addition...
to a focus on health gain. These include greater transparency of government both in use of the revenues by hypothecation of taxes for societal purposes and in pre-policy planning and preparation.

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Key points

- Evidence supports price control in achieving change in some health-related behaviours but public acceptability is low, although it increases with perceived effectiveness of the intervention
- Large UK focus group study confirms low acceptability and illuminates associated beliefs
- Beliefs centre on distrust of government policy seen as inconsistent and prioritising revenue over support of healthy behaviour
- Disturbance extends from evidence cited in support of Price interventions to use of revenues.
- Price interventions may be more acceptable if evidence regarding their effectiveness came from trusted sources independent of government, and was supported by public involvement and hypothecated taxation.

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