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Should We Regulate Sugar Like Alcohol or Tobacco?

The whole aim of practical politics is to keep the populace alarmed (and hence clamorous to be led to safety) by menacing it with an endless series of hobgoblins, all of them imaginary. -H.L. Mencken

Like a lot of people, I'm increasingly concerned about an expanding waistline and lifestyle-related illnesses. I want my kids to live long, happy, healthy lives, and I want them to develop good eating habits. Is regulating sugar the way we regulate alcohol and tobacco the right way to go about it? Some say yes. I say no. Read on to find out why.



Image via Wikipedia

It isn't like we live in a perfect world. In a [recent Comment that appeared in *Nature*](#), Robert H. Lustig, Laura A. Schmidt, and Claire D. Brindis of the University of California, [San Francisco](#) commented on how "the United Nations declared that, for the first time in human history, chronic non-communicable diseases such as heart disease, cancer, and diabetes pose a greater health burden worldwide than do infectious diseases." In their words,

“ The UN announcement targets tobacco, alcohol, and diet as the central risk factors in non-communicable disease. Two of these three—tobacco and alcohol—are regulated by governments to protect public health, leaving one of the primary culprits behind this worldwide health crisis unchecked.

The authors then went on to claim that governments should consider controlling sweeteners with taxes and regulations just like they control alcohol and tobacco. There are several reasons why this probably isn't a very good idea.

First, the non-communicable "lifestyle" diseases they discuss are generally diseases of affluence. Lustig, Schmidt, and Brindis correctly note that increasing incomes in poor countries increases access to western-style diets, but this isn't a bad thing per se. The fact that mortality from non-communicable diseases is now higher than mortality from

communicable diseases is a testimony to our increasing ability to treat infectious diseases and the fact that people are living long enough to get diseases like heart disease, cancer, and diabetes.

I'm not the first to point out that, perhaps perversely, a rising cancer rate can be an indicator of greater social well-being because it indicates that a greater share of the population is living long enough for cancer to be an issue. Medical advances and higher incomes mean that fewer people are dying of dysentery today. Some of those people might die of cancer eventually. Rising cancer rates can mask positive trends in public health, and we have to be very careful about how we interpret the data.

Second, the authors' claim that alcohol and tobacco are regulated and taxed because of "public health" considerations is plausible but incomplete. Bruce Yandle coined the now-classic term "Bootleggers and Baptists" to describe the odd political coalitions that form around different regulations. It is true that many non-drinking "Baptists" supported alcohol prohibition, but prohibition had another effect: it enriched bootleggers. When we give a government the power to act in the name of public health, we also give them the power to act in the name of special interests. I won't be surprised if such taxes and regulations are bent in such a way as to protect powerful, entrenched interests at the expense of consumers and at the expense of smaller producers.

Third, the authors cite productivity losses from sugar-related illnesses, writing that "(t)he United States spends \$65 billion in lost productivity and \$150 billion on health-care resources annually for morbidities associated with metabolic syndrome." This only becomes a plausible case for government action if these are spillover costs. If sugar lowers my productivity, then this will be reflected in lower earnings. I will bear the full cost of my eating habits.

Fourth, if there are negative spillovers, then it is an illustration of the law of unintended consequences. People who die of alcohol-, tobacco-, or sugar-related illnesses might burden government health resources, but this is an artifact of the ways government health resources subsidize bad health choices and socialize individual risks.

Suppose I'm deciding whether I should have a can of Coca-Cola. If I can expect others to bear the costs of my bad health decisions, then that can of Coke is less costly for me. If other people will pay my medical bills for me, I have weaker incentives to make good health decisions.

Fifth, the authors point to a number of different reasons why sugar might have some of the same habit-forming (or even addictive) properties of alcohol and tobacco. The reasons they offer for why sugar should be regulated and taxed are the same reasons why sugar regulation is likely to create more costs than benefits. People consume less alcohol and fewer cigarettes than they would without government controls, but lowering consumption is expensive.

Enforcing taxes and regulations on alcohol and tobacco requires real resources. The police officer trying to bust a convenience store for selling tobacco to minors isn't trying to solve a murder or a robbery. The metal that goes into the guns being toted by ATF agents is metal that isn't being used to make cars or build bridges. And so on. Do we really want grocery store employees and police officers wasting time and energy making sure that everyone is carded for buying Pepsi?

Finally, we have to consider the law of unintended consequences. Underage alcohol drinkers may not use yodka-soaked tampons, but people have come up with all sorts of ingenious ways to evade restrictions on alcohol, tobacco, and recreational drugs (I learned what "purple drank" is on Tuesday). People respond to incentives, and they find ways to circumvent restrictions. Just as they have done with alcohol, tobacco, and drugs, I'm sure they will find ways around restrictions on sugar.

I thank Julia Clapper and Cuyler Hines for their help and Linda Gibson for proof-reading. There's an episode of American Dad! that illustrates the unintended consequences of a trans-fat ban. South Park, as usual, nails it in this episode about smoking and this NSF-anywhere episode titled "Medicinal Fried Chicken." Here's The Daily Show on the San Francisco Happy Meal ban. I discuss trans-fats here. Update, 5:11 PM: I thank Jenny-Lyn Carden for pointing out a couple of typos. I also changed the set of links that accompany this article.

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