



Nudge towards effective harm reduction

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Can people change their behaviour, in the case of addictions?

Against all forms of addiction, behavioural change is the holy grail for policy-makers. “All we need to do is alter what people think and do!” they muse as they try to tackle a broad range of social problems: excessive drinking, obesity, crime, even climate change.

In the past, policy makers assumed that governments could only change behaviours through rules and regulations. But now they are designing programmes that reflect how people *really* act; often irrationally and unpredictably it would seem. This new approach appears to deliver results without resorting to heavy-handed regulation and a nanny state.

The new ingredient is ‘nudge’. Inspired by ‘[libertarian paternalism](#)’, this theory suggests public policies should steer citizens towards positive decisions yet maintain individual choice. The policy-maker merely acts as the ‘choice architect,’ trying to change the context, process and environment in which individuals make their decisions.

Irrationality: the policy-maker friend

At first glance it looks a bit sneaky. The policy-maker cunningly exploits our tendency to make irrational decisions, or ‘cognitive biases’, to manipulate our choices. For example, knowing how people tend to put off making affirmative decisions, the policy-maker deliberately sets “default rules” towards the positive choice.

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Studies also show that we are heavily influenced by social norms. We care about our reputation and what other people think of us; these are powerful forces, which the policy-maker can also turn to their advantage.

Even the way information is presented and questions framed can influence our choices, scientists have found. Evidence suggests that vivid warnings work better than statistics. Rearranging food displays could “help” people choose more healthy meals.

Behaviourally-informed regulatory approaches are an attractive tool for public authorities for two reasons. First, nudging seems to make regulation more effective, yet still preserves individual choice. This is particularly crucial for health policies designed to reduce harm; mandating positive behaviour is all but pointless, but suggesting safer, possible alternatives is quite effective.

Second, these “soft” approaches tend to be cheaper to implement than rigid regulatory regimes, so it is hardly surprising governments have welcomed them so warmly.

President Barack Obama in the USA and Prime Minister David Cameron in the UK have both encouraged government agencies to [draw on behavioural and social sciences](#). Nudging is fast becoming a global policy phenomenon.

Integration

There are dangers, however. Behaviourally-informed tactics, including default rules and disclosure requirements, raise important legal concerns about the rights of citizens vis-à-vis the regulatory state. What is the legal position when nudging preserves and compromises freedom at the same time?

More importantly, with no rational framework for integrating behavioural research into policy-making, the application of this science will remain haphazard and the impact small and anecdotal. A framework would help to make public health decision-making more transparent and accountable.

The USA has already set the precedent, imposing a general requirement on public administrations to adopt principled and consistent procedures for using behavioural science in policy-making. Clear processes should also help to protect policies and people from possible abuses. An emphasis on thorough regulatory impact assessments should also policy-makers to “test” a range of regulatory options and allow citizens to have a say too.

Tobacco: new regulations missing a trick

Let's take the example of policies towards the prevention of tobacco addiction. In Europe, the revised tobacco products Directive, for instance, embraces behaviourally-informed approaches. To its credit, newly-adopted approaches--such as combined graphic and health warnings--no longer inform the public about the adverse effects of smoking. Instead they seek to change social norms by “denormalising” tobacco. However, the Directive fails to use behavioural insights to promote [harm reduction approaches](#).

Electronic and herbal cigarettes also fall under the legislation. Consequently, their marketing material must now also carry health warnings. In addition, e-cigarettes might become subject to the same authorisation required for medicinal products.

The overall stance on both conventional and alternative tobacco products favours an abstinence-only policy. And, it *de facto* rejects a risk-reduction approach, which would encourage smokers to switch to less damaging nicotine-delivery. The rules are understandable because people fear that e-cigarettes might encourage smoking. Nonetheless, millions of addicted smokers are left with only one choice: to get their nicotine by smoking or quit.

The Commission's abstinence-only approach is questionable; it makes much more sense to nudge smokers towards less hazardous alternatives. We certainly need to build up the evidence about “safer” alternatives. But it is shameful that the ideological imperative to “denormalise” smoking could deprive society of the potential gains from harm-reduction through switching.

Indeed, this policy flaw highlights the major contribution that behavioural science has to make. It is time to shift policy discussion away from the morals of harm reduction to where it belongs: rooted in science.

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