Framing the nanny (state): an analysis of public submissions to a parliamentary inquiry on personal choice and community safety

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Abstract

Objective: To examine public submissions to a parliamentary inquiry on personal choice and community safety, exploring framing used to support or oppose current public health regulatory approaches.

Methods: Descriptive content analysis summarised the characteristics of electronic submissions. Framing analysis examined submissions according to the devices: problem and causes; principles and values; recommendations; data and evidence; and salience.

Results: We categorised one hundred and five (n=105) submissions by source as Individual, Industry, Public Health and Other. Individuals made more than half the submissions. Overarching frames were choice and rights (Individuals); progress and freedom (Industry); protection and responsibility (Public Health). Most submissions opposed current regulations. Cycling, including mandatory helmet legislation, was most cited, with three-quarters of submissions opposing current legislation.

Conclusions: Framing analysis provided insights into policy actor agendas concerning government regulation. We found a high degree of resistance to public health regulation that curtails individual autonomy across various health issues. Investigating the influence of different frames on community perception of public health regulation is warranted.

Implications for public health: Action is required to counteract 'nanny state' framing by industry and to problematise community understanding of the 'nanny state' in the context of balancing the public's liberties and the public's health.

Key words: nanny state, personal choice, public health legislation, public policy, framing

The government's role in supporting and protecting the health of populations is widely recognised.[1-3] Australia has experienced benefits from public health interventions, such as pool fencing regulation, fluoridated drinking water, regulation of gun use and sales, and food fortification.[4] However, public policies concerned with the health of populations are often accused of paternalism in that they may limit individual behaviours and freedoms.[5] Opponents of intervention frame such policies as part of a 'nanny state' to critique their legitimacy,[6] and condemn government interference in private enterprise and personal liberty.[7] 'Nanny state' criticisms align with neoliberal, libertarian and conservative ideologies, which broadly argue that government regulation should be limited, leaving people free to make their own choices on how to act.[3] Public health advocates suggest that while these policies may impose limits on the personal freedom or autonomy of individuals, interventions are justified to the extent they reduce harm or produce an individual or societal benefit.[5,8] Similarly, McClure has contended that "… society is created by a social contract between individuals such that they cede some rights to acquire the benefits of improved health and wellbeing".[9]

There have been recent attempts in Australian parliaments to explore government regulation's legitimacy and public health impact. In 2015, the Australian Senate launched an inquiry into personal choice and community impact.[10] In 2018, the Western Australian Parliament launched an Inquiry on Personal Choice and Community Safety (the Inquiry) to "inquire into and report on the economic and social impact of measures introduced in Western Australia to restrict personal choice 'for the individual's own good'".[11] The Inquiry was initiated and chaired by a member of the Legislative Council from the Liberal Democrats political party, which supports classical liberal and right-libertarian views.[12,13] The composition of remaining committee positions were: two members of the centre-left Australian Labor Party, influenced by a combination of socialism and liberalism,[14] one member of the centre-right Liberal Party of Australia, which promotes economic liberalism and cultural conservatism,[14] and a member of the Shooters, Fishers and Farmers Party, established initially to protect gun rights.[15]

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Objective

To examine public submissions to the Inquiry, specifically, perspectives on measures restricting personal choice and arguments supporting or opposing current public health regulatory approaches.

Methods

Policy context

In Western Australia, a range of legislation relates to issues of public health significance, including alcohol and other drug use, road safety, electronic gambling machines and sex work. The *Building Act* 2011 and related regulations mandate pool fencing and inspection. Since 1992, the Road Traffic Code 2000 (REG 222) has required helmet use to ride a bicycle. Provisions regarding e-cigarettes fall under the *Tobacco Products Control Act* 2006 and the *Medicines and Poisons Act* 2014. The sale of e-cigarettes containing nicotine is illegal in Western Australia, as it is in the rest of Australia.

Submissions

One-hundred and five (n=105) written submissions were made to the Inquiry in late 2018. All written submissions made public on the Parliament of Western Australia's website at the time of collection were downloaded and included for analysis (this excluded two 'private' submissions referenced in the Inquiry report but publicly unavailable). Submissions from Inquiry hearings were excluded.[16]

Methodological approach

Because of the dynamic nature of policy problems, we employed a mixed-methods, iterative approach to consider how ideas were embedded in submissions.[17,18] Consistent with other research, our study broadly followed a constructivist paradigm.[19] A descriptive content analysis summarised the characteristics of the submissions and broadly identified their intent and focus. Framing analysis considered the perspectives, arguments and evidence used in submissions from opponents and proponents of government intervention.

Analysis

Content analysis familiarised the team with the submission data. Each downloaded PDF submission was allocated a sequential numerical identifier and read in this order. Submission data were tabulated in Microsoft Excel. The analysis identified, classified and enumerated data as follows: length (number of pages); submitter type (Individual, Industry, Public Health and Other); topic (e.g. helmets, e-cigarettes); and position (support or oppose government regulation of topic). Submitter type was categorised according to source as Individual (submitters writing in a personal capacity), Industry (commercial entities or associations or groups representing commercial interests), Public Health (professional associations, organisations or tertiary institutions representing public health concerns) and Other (issue-based interest groups, political parties and state or local government entities), see Table 1.

Developing a codebook sensitised the research team to concepts and themes in the data in preparation for framing analysis. The codebook provided a reference of definitions of key concepts that were identified (see Table 2).

Subsequently, framing analysis was used to understand submission discourse on public health regulatory approaches. A framing matrix was developed using functions employed in previous studies.[18,20-22] The matrix presents submission frames according to the following devices: problem and causes; principles and values; recommendations; data and evidence; and salience (see Table 3). Data were coded, reviewed and confirmed by other researchers. Because of the heterogeneity represented in the Other submitter category, results focus on data from Individual, Industry and Public Health submissions.

Results

Submissions ranged from one to 68 pages. Of 105 submissions, Individuals made just over half (54.3%), followed by one-fifth from Industry (18.1%). Most opposed government regulation of their submission topic (74.3%). Most Individual (84.0%) and all Industry (100%) submissions opposed government regulation, while Public Health generally supported existing or expanded regulation (86.6%), see Table 1.

Cycling and helmet use were the most frequently addressed topics (51.4%), with 72.2% of these opposing current mandatory helmet legislation (MHL). E-cigarettes were the focus of one-third of submissions (34.3%), with just under half from Industry (44.4%) and two-thirds opposing related regulation (63.9%). Other common topics included: aquatic activity (14.3%), e.g. pool fencing, lifejackets and other aquatic recreational activities; road and transport issues (12.4%), e.g. speed limits, car registration, vehicle modifications; alcohol (7.6%), e.g. sale restrictions; tobacco (2.8%), e.g. relaxing smoking regulations; sex work (2.8%), e.g. decriminalisation; cannabis (2.8%), e.g. decriminalisation of personal use.

Defining the problem and causes

Submissions presented divergent views of the problem, which were broadly framed as government over-regulation or a complex public health challenge requiring government involvement. Responsibility and conflict frames often coincided. Particularly evident was a conflict of wills between Individuals and governments, Industry and government, and Public Health and Industry. Public Health criticised industry stakeholders for conflicts of interest and prioritising profits over health, suggesting government was ultimately responsible for health. Industry condemned public health organisations and government for a heavy-handed approach, championing individual responsibility and choice. Individuals tended to blame the government for curtailing freedom.

Individuals framed regulation as a health and moral issue. Opponents argued that current regulation was unsupportive of health and wellbeing and was unjustified and paternalistic. These submitters argued for personal choice, citing skills and knowledge to make personal decisions without government interference. Proponents justified current laws, suggesting not all people make rational decisions, and consequently, regulation protected people from harm. A human-interest frame was frequently employed, presenting an emotional angle to the issue.

Industry predominantly framed current regulation as a health and economic problem. Submitters argued existing laws were not in the public's best interests, restricting participation in healthy activities (e.g. cycling), healthier options (e.g. switching from cigarette smoking to e-cigarettes), or safe working conditions in the case of sex work. Submitters framed e-cigarette laws as "disproportionate and ill-conceived", blamed for creating demand for "black market" and online sales. This facilitated the purchase of products of unregulated quality and safety.

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Industry also drew on the morality frame, particularly in submissions on alcohol, pornography, and sex work, suggesting that the limitations placed on these activities demonstrated paternalism and overreach.

Public Health supported regulation that promoted and protected public health and safety. Submitters framed problem definition by highlighting the precautionary principle's importance in guiding decision-making and the state's role in the public's health and welfare. Public Health submitters were more likely to focus on specific industries and policy as the source of the problem. For example, submitters suggested that tobacco and e-cigarette companies were disingenuous in their attempts to promote harm reduction by promoting e-cigarette use (see Table 3).

Principles and values

Competing worldviews were often evident, broadly, utilitarian (50.5%, n=53) or libertarian (47.6%, n=50) perspectives. Around two-thirds of Individual submissions reflected a libertarian perspective (63.2%, n=36). Of Industry submissions, just over half (53%, n=9) reflected a libertarian perspective. Most Public Health submissions reflected a utilitarian perspective (86.6%, n=13). Communitarian perspectives (1.9% n=2) came from Individual and Public Health submitters. The value of health was a common theme across submissions supporting and opposing regulation, though the ideology underpinning this value was presented differently. Submitters presented perspectives consistent with individual liberty (most common in individual submissions), 'market justice' (most frequent in Industry submission) and 'social justice' (common in Public Health and some Individual submissions).

Individuals framed arguments in terms of choice and respect for individual rights. A focus on individualism was evident, particularly in submissions addressing alcohol and aquatic leisure, where the government was seen to 'restrict recreational activity', thereby reducing the individual's quality of life. Common themes included: personal choice is paramount; harm reduction creates better health; and there should be no government trespass on private property, individual rights, and bodily integrity.

Industry highlighted the negative effect of current regulation on health, safety and the economy and considered regulation unjustified but expressed commitment to and congruence with public health aims. Industry framed arguments regarding progress and freedom and positioned industry as having the public's best interests at heart. Common themes were: the erroneous cost-benefit of regulation; support for a legalised and liberalised market; harm reduction being good for the bottom line; and that reducing freedom increases harm.

Public Health broadly framed arguments in terms of protection and responsibility with a focus on the common good. Government intervention and collective action were considered central to protecting the public's health and increasing equity while acknowledging the associated limits on personal freedoms. Submitters questioned the rationality of individual choices and contended, "…the impact of personal choice has a negative and detrimental effect on other people and causes great cost to society", therefore warranting government stewardship. Themes included that: the state should be steward; irrationality requires regulation; decision-making should be independent and evidence-informed; and the greater good overrides individual liberties.

Table 1: Overview of types of submitters to the Inquiry and support or opposition to current or proposed regulation according to submitter type.

Topic of submission	Individual (n=74)		Public Health (n=22)		Industry (n=40)		Other (n=20)	
	Support	Oppose	Support	Oppose	Support	Oppose	Support	Oppose
Cycling and helmets (n=54)	8	32	4			1	3	6
E-cigarettes (n=36)	3	5	9	1		16	1	1
Aquatic activity (n=15)	4	5	5					1
Road and transport (n=13)	8	2					1	2
Alcohol (n=8)	3	1	2			2		
Cannabis (n=3)		1				1		1
Sex work (n=3)				1				2
Tobacco (n=3)	1	1	1					
Advertising (n=1)		1						
Airsoft (n=1)								1
Cashless debit card (n=1)		1						
Energy drinks (n=1)			1					
Fluoride (n=1)								1
Government stewardship (n=1)			1					
Licit drugs (n=1)		1						
Police record checks (n=1)		1						
Pornography (n=1)						1		
Retail (n=1)		1						
Vaccination (n=1)		1						

Table 2: Codebook examples.

Concept	Working definition
Political perspectives	
libertarianism	"only negative rights deserve protection. These rights guarantee individual freedom, so that people can do what they want, without state infringement on personal choice. Libertarians want only a minimal state to protect individual property rights and personal liberty" (p1056)[40]
utilitarianism	"a normative ethical theory that identifies the good with utility and the right with that which maximises utility. Thus, according to utilitarianism, utility is the value that should guide actions, programs and policies. Our moral obligation, the right thing to do, is to maximise utility." (p1)[27]
Government intervention	
stewardship	"obligation on states to seek to provide conditions that allow people to be healthy, especially in relation to reducing health inequalities." (p25)[41]
paternalism	"the interference of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm."[42]
Aspirations	
market justice	"emphasises individual responsibility, minimal collective action and freedom from collective obligations except to respect other persons' fundamental rights." (p4)[43]
social justice	"all persons are entitled equally to key ends such as health protection or minimum standards of income. Further, unless collective burdens are accepted, powerful forces of environment, heredity or social structure will preclude a fair distribution of these ends" (p6)[43]

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Recommendations

Recommendations were broadly presented in two competing frames: self-regulation or government regulation. Individuals emphasised the ability and right to make choices free from regulation. Universal solutions included repealing MHL, bans on e-cigarettes and stripping back alcohol laws. Individuals commonly recommended a smaller or less draconian and interventionist government. Submissions on MHL proposed improvements to infrastructure to make cycling safer. A smaller number of submissions made targeted recommendations that reflected a desire to punish 'deviant' behaviour; in other words, individuals should pay for 'bad choices'.

Industry unanimously reflected the self-regulation frame, recommending targeted prescriptions with policy flexibility. Submissions called for a full repeal of existing legislation on e-cigarettes. Submissions on alcohol encouraged stripping back laws to increase personal choice for consumers and retailers. Solutions regarding sex work proposed: sex industry decriminalisation, removing police as regulators, anti-discrimination laws, workplace health and safety regulation, and industry regulation through business, planning and industrial codes and labour rights. Retail associations advocated for a retailer framework and staff training on the safe sale of goods. For example, "appropriate training for vaporiser industry workers" and "legislated product quality standards" to ensure safe

Table 3: Framing matrix.

Framing device	Example themes			Selected quotes
	1. Individual	2. Industry	3. Public Health	
Problem and causes e.g. stance, type and cause of issue	Health and moral issue Over-regulation of personal decisions OR irrational choices by individuals Blame government Resolve by individual	Health and economic issue Over-regulation of commercial activity Blame government and public health Resolve by individual and industry	Health and social issue Complex challenge Blame industry Resolve by government	(1) "…I sarcastically thank the government for making cigarettes worth more than gold, so much so that some desperate soul had to resort to breaking into my car in order to steal a pack." (2) "Consumers will also be affected by limitations in personal choice on the ability to determine when and where they are able to purchase and consume alcohol. This restriction to personal choice produces no progress in limiting alcohol related harms." (3) "By positioning themselves as part of the solution, rather than the core of the problem, the tobacco industry is blatantly seeking to gain a seat around the policy table."
Principles and Values e.g. moral judgements, ideology and appeals to principles	Value of health Choice and rights Individual liberty Libertarian perspective Individualism	Value of health Progress and freedom Market justice Utilitarian/Libertarian perspective Individualism	Value of health Protection and responsibility Social justice Utilitarian perspective Collectivism	(1) "This paternalistic policing of people attending to their everyday activities is overbearing. It's humiliating. People do not need this level of interference with their personal activities." (2) "…by allowing small businesses to have a role in the market of e-cigarette products, there would be benefits to the WA community by facilitating a reduction in cigarette smoking." (3) "…the reality is that protecting and promoting health is one of government's most fundamental responsibilities."
Recommendations e.g. policy prescriptions proposed	Self-regulation Repeal existing regulation Personal choice Targeted/universal prescriptions Increase/improve infrastructure	Self-regulation Repeal existing regulation Personal responsibility Targeted prescriptions Education and training	Government-regulation Maintain/expand regulations Stewardship Universal prescriptions Restrictions, fiscal measures	(1) "…the best regulation is self-regulation. When a person has established and refined their own rules for behaviour, he or she does not need to rely on surveillance or agents of enforcement." (2) "West Australians who consume alcohol responsibly should not be unfairly limited in choice or penalised financially by population-wide alcohol regulation." (3) "While regulation may reduce personal choice and freedom to some extent, it is needed for appropriate governmental stewardship particularly where evidence shows the impact of personal choice has a negative and detrimental effect on other people and causes greater cost to society."
Evidence e.g. use and sources of evidence	Less frequent use of evidence More likely to cite grey and unpublished sources	Frequent use of evidence More likely to cite unpublished sources	Frequent use of evidence More consistent use of white sources	(1) "Lots of research indicates a very strong correlation that with more bike riders (or pedestrians) the safer it becomes; so the reverse is true with less bike riders the more dangerous it becomes. It's called "Safety in Numbers." (2) "…a growing number of bodies in the international scientific and public health community are now clear that encouraging and assisting them to switch to nicotine products that are substantially less harmful, is the next best option." (3) "…on matters relating to public health, it is critical Governments rely on evidence, not individual opinions, personal convictions and lobbying by commercial interests."
Salience e.g. memorable features and stylistic devices	Use of informal tone Emotive Anecdotes and figures of speech	Use of formal tone Authoritative Use of evidence	Use of formal tone Authoritative Use of evidence	(1) "People complain about the "Nanny State' restricting their freedom, but when they are injured as a result of their own foolishness they never complain about the Nanny State tucking them up in a hospital bed and paying their medical bills!" (2) "Current prohibitions on adults-only goods and services are driven by moralistic posturing about personal choices, rather than public interest considerations." (3) "Australia's statutory health authorities… have the appropriate statutory authority, processes and frameworks to make evidence-based, scientific recommendations and contribute directly to executive government policy."

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manufacturing of products and advertising restrictions to prevent young people from using e-cigarettes.

Public Health reflected a government regulation frame, recommending maintenance and, in some cases, expansion of current laws. Submitters framed recommendations as protecting community health and safety and reducing healthcare spending. Universal prescriptions were generally suggested, such as licencing energy drinks, restricting their sales to minors, and regulating packaging and advisory statements. Recommendations related to alcohol included: increasing excise tax, banning advertising and restricting availability in retail outlets. Education and training solutions were uncommon.

Data and evidence

More than half of submissions (60.9%, n=64) used evidence, most common in Public Health (93.3%, n=14) and Industry (94.7%, n=18) submissions. In contrast, evidence was less frequently cited by Individuals (38.6%, n=22). Evidence was cited across most topic areas. For example, 86.1% (n=31) of e-cigarettes submissions and a half (n=27) of helmet submissions presented evidence or data to support arguments. No evidence was cited on advertising, retail, police record checks, prescription drugs and vaccination.

Submitters cited 'white' (books, peer-reviewed papers, and conference proceedings), 'grey' (publicly available datasets, media, reports, and standards) and 'unpublished' (personal correspondence, and internal datasets and research) sources; most submitters using a combination. Industry was more likely to cite unpublished literature (internal research). Individuals used diverse sources, more often grey (websites and news media) and unpublished literature (personal correspondence). Public Health used unpublished sources less frequently and white sources most consistently. Both opponents and proponents used specific evidence to support claims; for example, the Public Health England[26(p80)] report statistic "e-cigarettes are 95% less dangerous than smoking cigarettes".

Public Health used evidence to support current policy and to demonstrate that measures had effectively reduced morbidity and mortality. Past examples were presented, including seatbelt regulations, gun control measures, anti-smoking legislation and drink-driving laws. Public Health also used evidence to illustrate the harmful role of industry stakeholders to health and to delegitimise industry arguments. Industry provided evidence to refute current regulation. In contrast to Public Health, Industry used evidence to argue that e-cigarettes were: less harmful than cigarettes, a cessation device and an alternative to tobacco – not a gateway to smoking uptake by young people – and that they were used at low levels among young people where e-cigarettes were legal. Individuals who opposed regulation used evidence to demonstrate the adverse effects on health, for example, presenting evidence to show MHL had no impact on reducing injury but instead led to a reduction in cycling. Individuals also cited sources to support civil liberties.

Salience

Submitters used direct quotations, statistics and survey data to support arguments and provide credibility across submissions. Submitters used paraphrased text and data visualisation. Evidence from reputable sources was common, particularly by Public Health to demonstrate authority and by Industry to demonstrate legitimacy. Concluding statements focused attention on the salient issue, "the healthiest society represents a balance between personal responsibility and government responsibility". Submissions from Individuals often described qualifications (e.g. Professor), occupation (e.g. researcher) or employment history to legitimise arguments. Individual submitters used personal experience to bolster credibility. Anecdotes, metaphors, and figures of speech increased saliency. For example, "The situation is farcical – one rule for the goose, another for the gander" described differences in legislation regarding home pool fencing vs. unfenced public ponds. Submissions also used hyperbole, "This law has made Australia and New Zealand a laughing stock the world over", and rhetorical questions, "Why should bureaucrats dictate whether a citizen chooses or not to consume nicotine, or sugar, or anything for that matter?". These were more common in Individual submissions. Both formal and informal tones were evident in arguments. Submissions using formal tone were assertive, informative, cautionary, and pragmatic, with formal tone commonly used by Public Health. In contrast, aggrieved, defiant, righteous, hostile, and scathing were examples of informal tone, most frequent in Individual submissions, which were often highly emotive and disparaging of other people or the government.

Discussion

This study explored perspectives on current regulatory approaches in Inquiry submissions. Unlike some other public health framing studies,[18,21,23] inclusion of perspectives from Industry, Public Health and Individuals enabled consideration of a wide range of policy actor viewpoints and community sentiments.

We found divergent views on problem definition; however, responsibility and conflict frames aligned. Opposition to public health policy and legislation was observed in individual and industry submissions, which argued state overreach by denying the public's right to make decisions for themselves. This finding is consistent with comments by Magnusson[3(p1080)] that:

> *… no one likes to think of themselves as manipulable, easily controlled, or too dumb to make their own decisions. This explains why nanny state name-calling is directed at interventions that could help people to make healthier and more informed decisions."*

Indeed, Individuals were mostly critical of the government and often suspicious of government motives for intervention. Our findings differ from Grunseit and colleagues,[24] in a study where almost half the survey respondents thought government played a prominent role in prevention. This difference may be attributed to the fact that submitters in this study frequently commented on specific issues rather than just the 'nanny state' per se. Strong opinions regarding a particular issue may not be consistent with broader support for government intervention on other issues. It is also likely that the framing of the Inquiry attracted submitters with a particular perspective.

Public Health submitters argued for a precautionary approach to decision-making that was in the best long-term interests of the health and wellbeing of the population. For the most part, this framing had low resonance with Industry or Individual submitters, suggesting that such framing is necessary but insufficient to 'cut through' with community stakeholders. Like Public Health actors, Industry stakeholders framed themselves as acting in the public interest, assuming the role of protector of the public's health, but using this position to argue

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against regulations. Uniquely, Industry submissions on sex work aligned with Public Health submissions in problem definition, calling for industry decriminalisation. The economic frame in Industry submissions aligns with the broader ethic of neoliberalism and deregulation.[3] The literature suggests that industry actors assert any government interference with their business operations is counter-productive to freedom. This is despite some legislation enhancing personal freedom by preventing large multinational companies from dominating decision-making.[24,25] There is a need for strategies that shift 'nanny state' framing away from a narrow focus on the loss of individual freedoms to one that foregrounds the government as a 'partner in prevention'.[2,26]

Our findings reinforce ideas about government intervention integrally tied to freedom, rights and responsibility. While all submitter types promulgated the value of health, underpinning principles differed. Three clear frames emerged regarding individual liberty, 'market justice' and 'social justice'. Consistent with other studies,[18,21] both market justice (Industry) and social justice (Public Health) frames were evident. Industry submissions emphasised the primacy of markets and individual responsibility but varied between libertarian or utilitarian perspectives. For example, some libertarian submissions on e-cigarettes and the adult industry railed against moralistic intervention and market opportunities. Utilitarian submissions on e-cigarettes and alcohol restrictions called for weighing costs and benefits and less interventionist regulation. Individuals also tended towards a libertarian perspective with an individual liberty frame that mirrored market justice. A social justice frame expounding collective action was prevalent in Public Health submissions. Their application of the welfare-maximising principles of utilitarianism[27] sought shared responsibility to maximise the common good.

Recommendations reflected either self-regulation or government regulation. Industry unanimously promoted self-regulation and targeted solutions. This finding is consistent with other studies of public submissions,[21,28] which suggest that industry promote solutions that provide choice, maximise flexibility and minimise impediments to economic growth. The Inquiry's final report suggested individual choices are best made, and community safety is maximised when people are fully informed.[16] However, Hoeck argues that state intervention maintains and defends individual freedoms against commercial interests "which potentially pose a much greater threat to free and informed choice".[29(p1042)] Public Health championed stewardship,[26] suggesting governments have responsibilities to provide conditions enabling people to be healthy, both individually and collectively.[2] Generally, Public Health recommended maintaining or expanding current intervention levels, advocating for government regulation and universal solutions. In contrast, Individual submitters generally argued for self-regulation. Recent Australian research suggests community support for population health as a shared responsibility that "can benefit from government regulation and incentives".[24(p286)] As reflected in our findings, the level of public acceptability of government interventions on health-related behaviours depends on the level of intrusion in people's lives. The least intrusive measures are most acceptable; however, these are also the least effective.[30] What is considered intrusive regulatory policy may be more acceptable where evidence of effectiveness is communicated[31] and community is consulted.[32] For example, there is majority public support in Australia for government health regulation of industry practices for overweight and obesity prevention,[33] and in restraints on individual behaviour when harms to others are apparent, such as smoking in outdoor venues.[34] Haynes and colleagues[35] have argued that regulatory options be considered through an autonomy lens to predict stakeholder resistance to government-led regulation.

In this research, Public Health and Industry used evidence consistently; Individuals used it less frequently. While most evidence cited was reputable, submitters used, interpreted and presented evidence and data differently. Industry framed themselves as reputable sources of public health knowledge using sources in many cases consistent with those used by Public Health, giving the illusion of balance to argue against restrictive policies and regulation. Some Public Health submitters challenged this as an insidious way to gain a seat at the policymaking table. Industry views that public policy restricts individual health and safety is at odds with evidence demonstrating health improvements resulting from regulation.[3,24] A key challenge for public health advocates is to highlight where there is irresponsible and disingenuous use of evidence by industry stakeholders[29,36] and to guide the public in critical analysis. Public health organisations and governments should consider how to promote confidence and trust in the state, science and data, in an age of fake news, mistrust and distortion of evidence.[36,37] Higher trust levels in government appear associated with increased willingness to follow government direction and engage in prosocial behaviours.[38] Levels of public trust influence public constructions of risk, acceptance of health advice and willingness to engage in protective behaviours – which are critical in the current pandemic context.[39]

Limitations

The term 'nanny state' was used in the media, terms of reference and public context framing the Inquiry. This pre-defined nature likely limited the scope for an objective consideration of all policy actor views. Given the nature of inquiries, which require people to be invested in the process and participate, submissions may also not reflect broader Western Australian community sentiment.

Conclusion

Framing analysis provided insights into the beliefs, evidence and agendas of Individuals, Industry, and Public Health concerning government regulation. Consistent with the broader literature, we found a high degree of resistance to regulation that curtails individual autonomy across various health issues. Further consideration of the influence of different frames on community perception of regulation for public health is warranted. Evidence of effectiveness and the population-wide benefit of regulation should be communicated to the public, not just policymakers, to enhance its acceptability.

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