

Help sufferers of obesity and addiction help themselves

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David Cameron recently proposed that those suffering from obesity and addiction might lose access to benefits if they refuse treatment. Critics, meanwhile, argue that the state should instead focus on increasing regulation of unhealthy products. In this article, [Ranj Alaaldin](#) argues that the problem should be confronted on both ends – it would be irresponsible not to encourage self-discipline and personal responsibility.



The Conservative Party [has proposed](#) that people who cannot work because they are overweight or suffering addiction problems could be threatened with losing their sickness benefits, if they do not accept treatment. The proposal has come under criticism for enforcing sanctions against a traditionally demonised section of society, whilst some have argued that the problem lies at the corporate level, given the amount of unhealthy ingredients in our everyday products and, therefore, the lack of regulation.

The narrative from the critics blurs the boundary separating self-discipline and personal responsibility from factors that lie outside of the individual's control: a genetic pre-disposition to obesity, income, education and lack of awareness. A line should exist between the two but there is no reason why the problem cannot be confronted at both ends. Self-discipline and personal responsibility should be encouraged and a culture of dependency, in which it is acceptable to refuse to do anything about a problem that has consequences for an individual and those around them, ought to be eliminated. Anything less is irresponsible.

This means that the issue goes beyond the matter of income, class and genetics but, rather, the willingness to actively seek out treatment. At present, it is possible to claim sickness benefits without making the effort to recover. The state must do its part by raising awareness about obesity and its consequences; by encouraging responsible marketing and requiring companies to inform their consumers about the amount of sugars, fats and salts in their products. However, it is both implausible and counter-intuitive to suggest that these can be banned outright, as is the notion of increased regulation, given that scientists and health-experts have, for decades, remained divided on the extent to which fats and sugars might be to blame for obesity.

In tackling the problem at both ends, the state avoids rewarding ill-discipline and the failure by an individual to actively seek out to remedy a problem that has social and economic consequences for their well-being, the well-being of those around them and, more broadly, the rest of society. Fundamentally, alongside other social policies, like encouraging the young and unemployed to engage in work experience or community work – under both Labour and the Conservatives refusing to work will lead to reduced benefits – helping sufferers of obesity and addiction in this way does not only take them out of welfare and into jobs but it promotes self-development. The aim should not be to just invest in people but also ensure people invest in themselves and resist dependency, isolation and idleness.

The broader debate will certainly revolve around some contentious issues, like whether addicts are able to make rational choices and actively seek treatment, given their dependence on drugs. In other words, do they possess the capacity to exercise free will? But it is right that the government has asked Professor Dame Carol Black, an adviser to the Department of Health, to look into the proposal and its implementation. Despite these challenges, the proposal's underlying strength remains its principles: that, firstly, sufferers should be actively helped and offered treatment but, secondly, that rejecting such treatment is intolerable.

It is an unarguable position. Failure to encourage individuals help themselves out of these problems and challenges, by accepting the help at hand, maintains their dependency on benefits that may or may not always serve a good purpose and could fund and exacerbate their addiction. Crucially, it also prolongs their obesity or alcohol and drug related problems, which, over-time, presents them with a range of other directly related health issues.

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