Booze and fags and fat bastards save the government money [1]

Written by **Tim Worstall** [2] | Sunday 2 December 2012

It does get very annoying when we've all the usual prodnoses telling us that we must eat our five a day, stop puffing on the gaspers and limit ourself to one small brown ale a week for the sake of our livers. This is all to "save the NHS", or to save the public accounts from the costs of dealing with us cancerous lard tubs as the cirrhosis explodes. Other than the ghastly nonsense of the puritans (you know, the worry that someone, somewhere, might be having fun), the despicable reduction in the freedom and liberty to chart our own course the the inevitable grave, there's really only one other major problem with this point.

It ain't true.

Most certainly it's true that treating these diseases of a life well lived costs the NHS money. But not hacking out the pickled and fatty liver in our 50s costs the NHS much more. For people do go on to survive a decade or more of senile dementia, just as one alternative and even more awful fate. This costs more.

Some will recognise this as the argument that Philip Morris paid to be presented to the Czech Government. It was roundly condemned at the time as being a quite disgusting piece of pro-tobacco propaganda. It could even have been so but it did have the saving grace that it was actually true. For as a rough and ready guide, those things which kills us from chronic diseases around and about our retirement date cost the state much less than our surviving to a google old age does. And we've even got a Congressional Budget Office report making the case for us now [3]:

> In terms of the policy's effect on the budget, lower health care spending per capita would push down federal spending, but increased longevity would have the opposite effect. Throughout the first decade of the policy, reduced health care expenditures (primarily for Medicare and Medicaid) would mean that the federal government would spend less than it would have otherwise. The reduction in federal outlays would total $730 million over the period between 2013 and 2021. During the second decade, however, the effects on longevity would begin to dominate and federal spending would be higher than it would have been otherwise ? an effect that would continue through 2085. The two principal drivers of that increase in spending would be Social Security and Medicare. Improvements in longevity from a reduction in smoking tend to have their greatest effect on the size of the elderly population and thus tend to boost spending on programs aimed at that population. Spending for Medicaid, by contrast, would be reduced throughout the period of the projection ? a reflection of the wider age range of that program's beneficiaries.

The odds are that if you want to live a long life you shouldn't smoke. Nor eat nor drink as I do. But it still is really true that those of us who go out in our 50s and 60s from these diseases of an excess of indulgence save everyone else money by their not having to pay our pensions or health care bills for decades.

Stopping these behaviours may well produce longer lives: not that it's any of your damn business how other people decide to treat themselves. But it most certainly won't save any money.

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