

***The role of economic interests in the development of
European prevention policy***

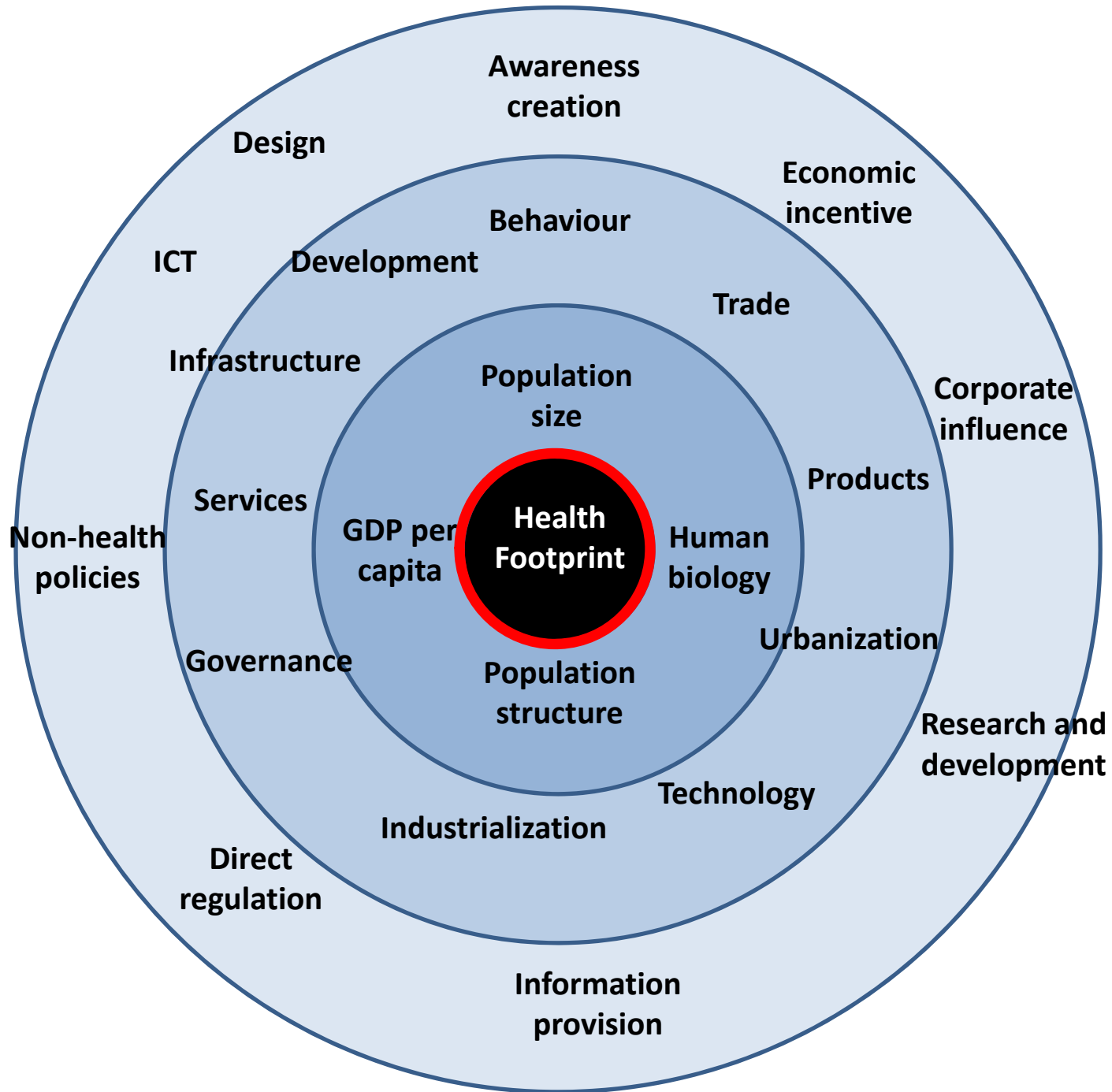
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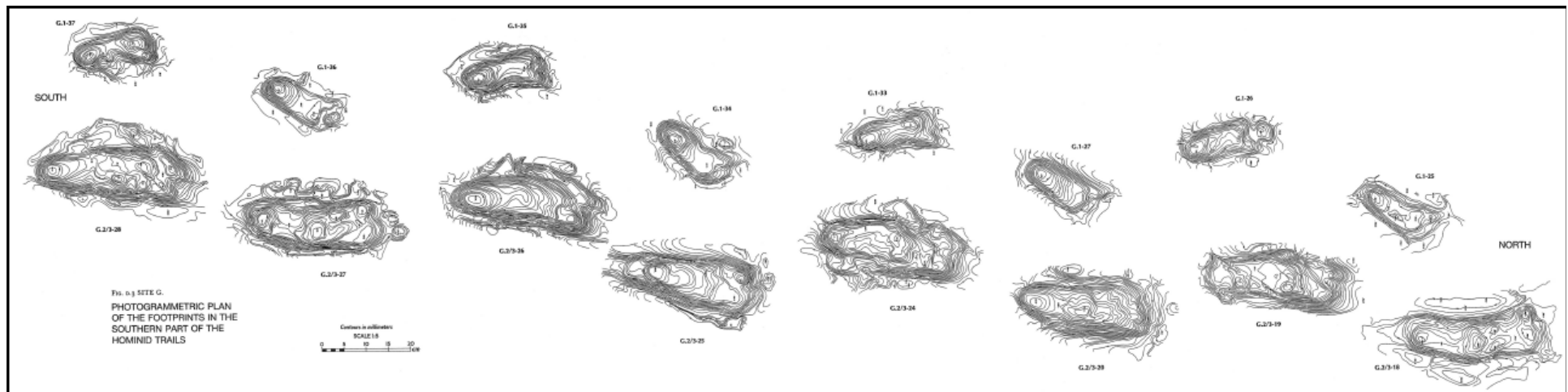
Institute of Health and Society, Newcastle University, England

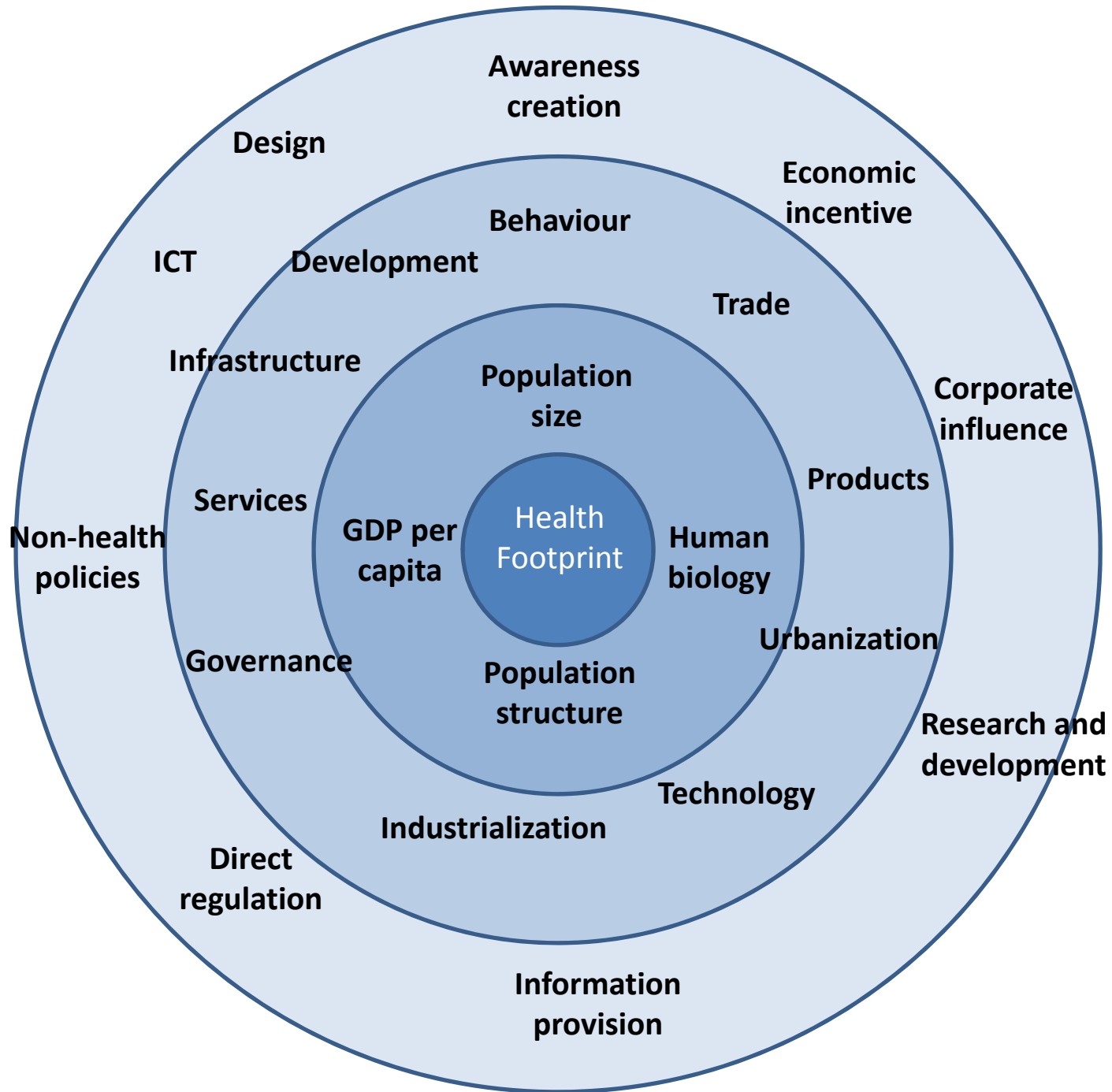
EUSPR , 17 October 2014

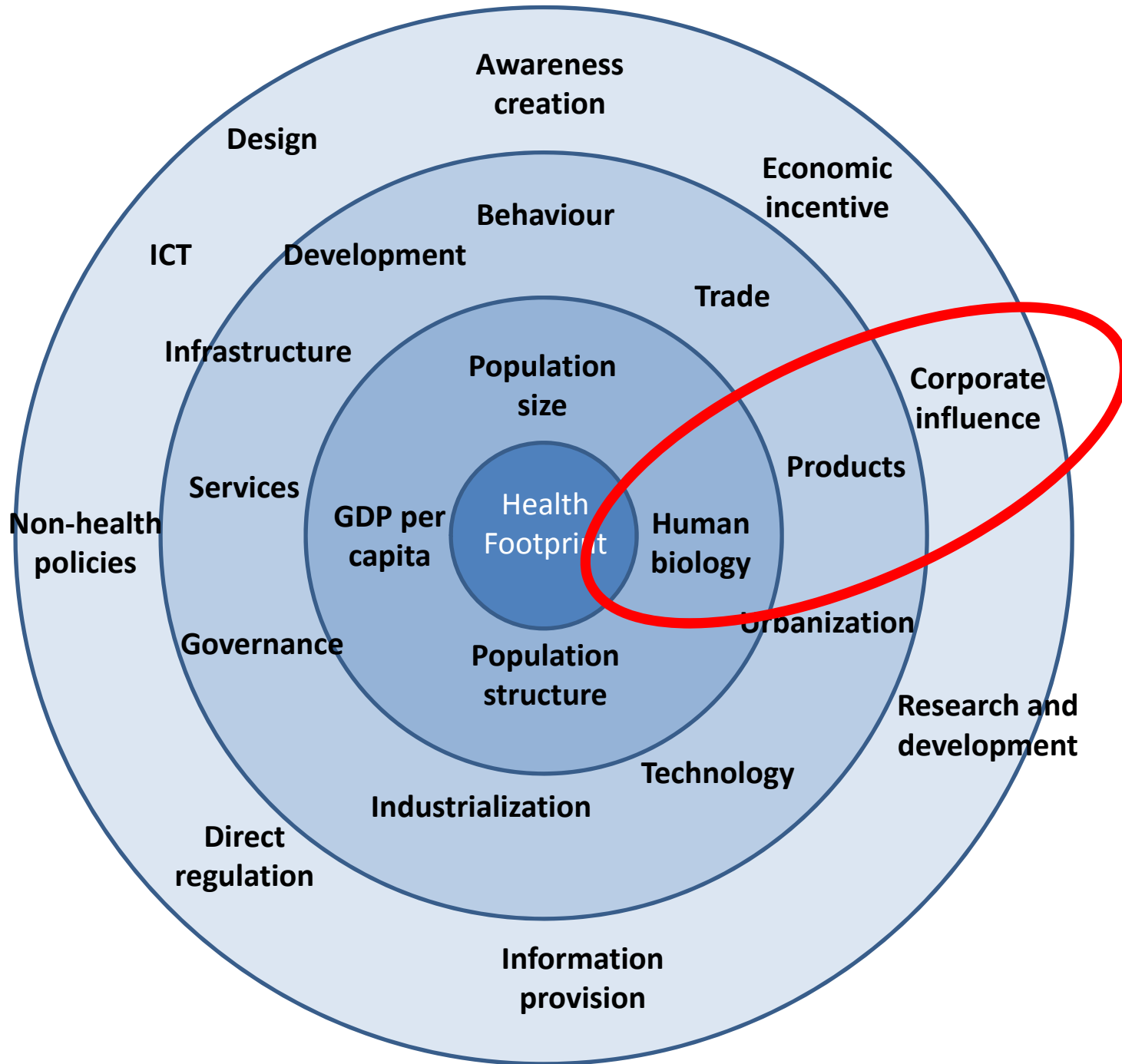


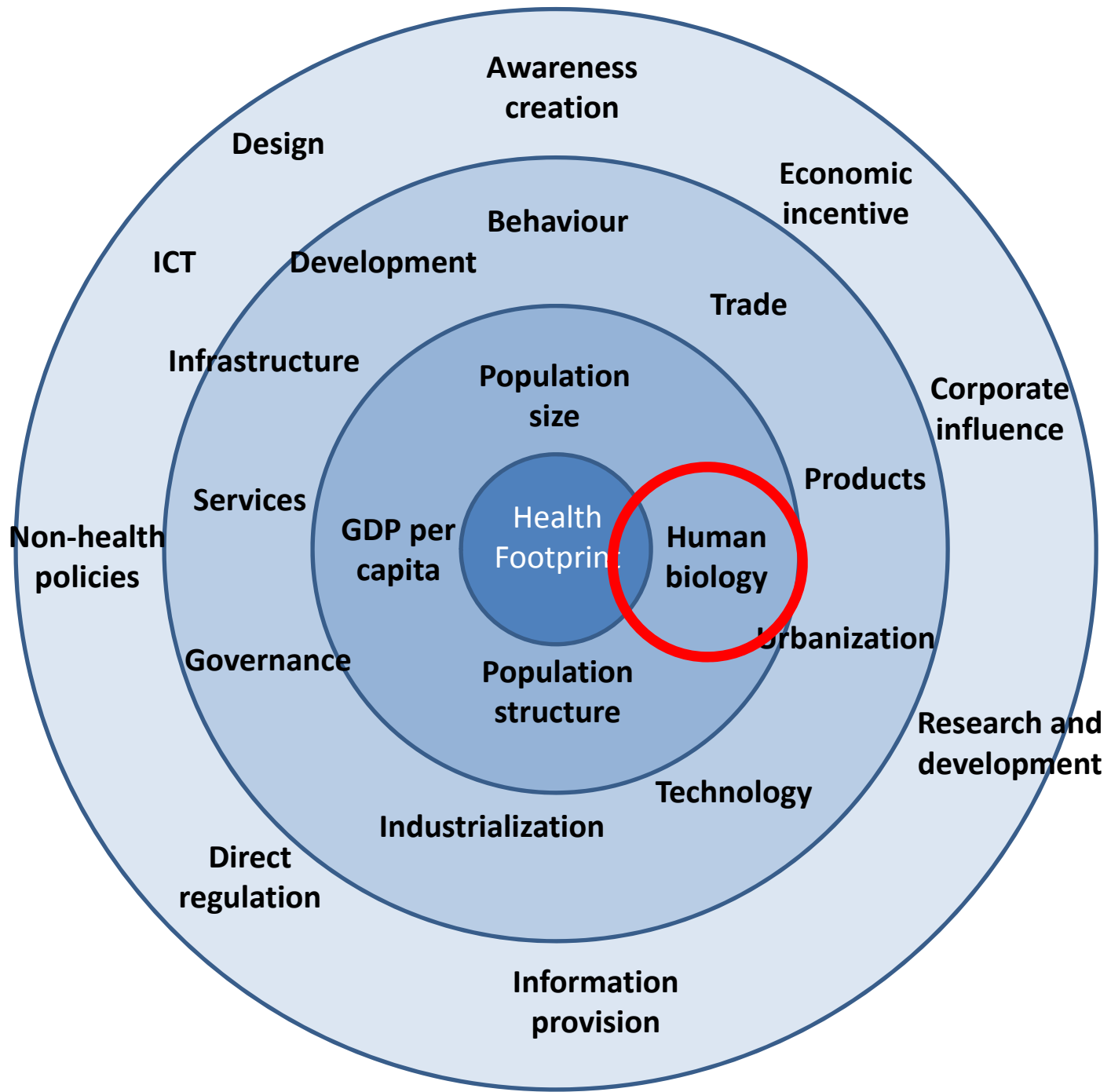


Health Footprint as a management tool for accountability in global health and sustainable development









Awareness creation

Design

Economic incentive

Behaviour

ICT

Development

Trade

Infrastructure

Population size

Corporate influence

Health Footprint

Human biology

Products

GDP per capita

Non-health policies

Services

Population structure

Urbanization

Governance

Research and development

Technology

Industrialization

Direct regulation

Information provision

Human evolution would suggest that we are

“active and functional”

in relation to the drugs that we take,
including alcohol and nicotine, rather than

“passive and vulnerable”

1. Co-evolution with nicotine, a plant toxin
2. Functional use of alcohol, as part of fruit-eating diet

In the story of life over the last 400 million years, one of the main plot lines has been the battle between plants, and the animals that eat them.



Of many defense mechanisms, plants produce secondary metabolites, including nicotine, morphine, and cocaine, potent neurotoxins that evolved because they punished and deterred consumption by plant-eating animals

To inhibit and kill their own parasites, animals have evolved to counter-exploit the products of hundreds of millions of years of "research" by plants by subsisting on a mixed diet of palatable and toxic plants, trading off diet quality (and thus growth) for what is termed *enemy-reduced* or *enemy-free* space.



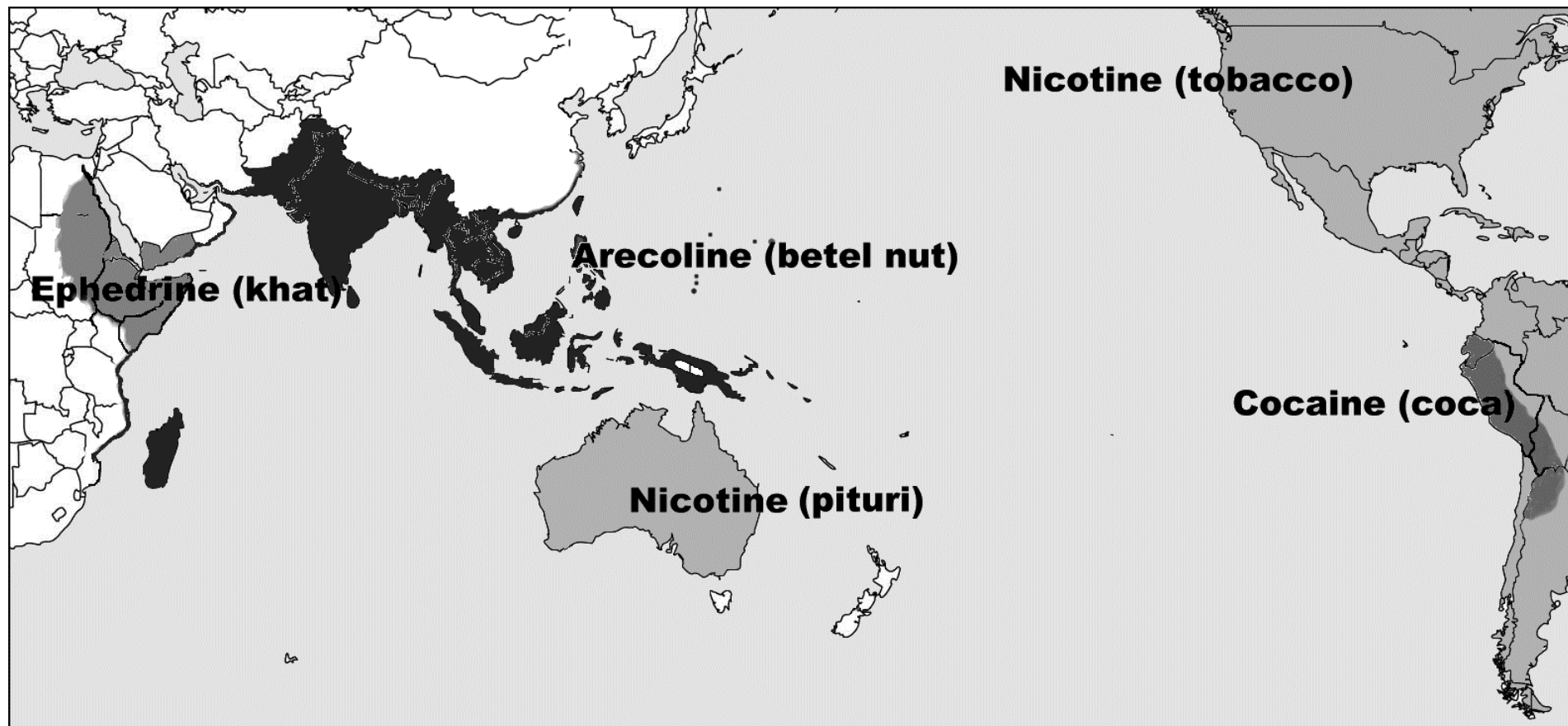


When parasitized, it survives better by eating nicotine than by not eating nicotine

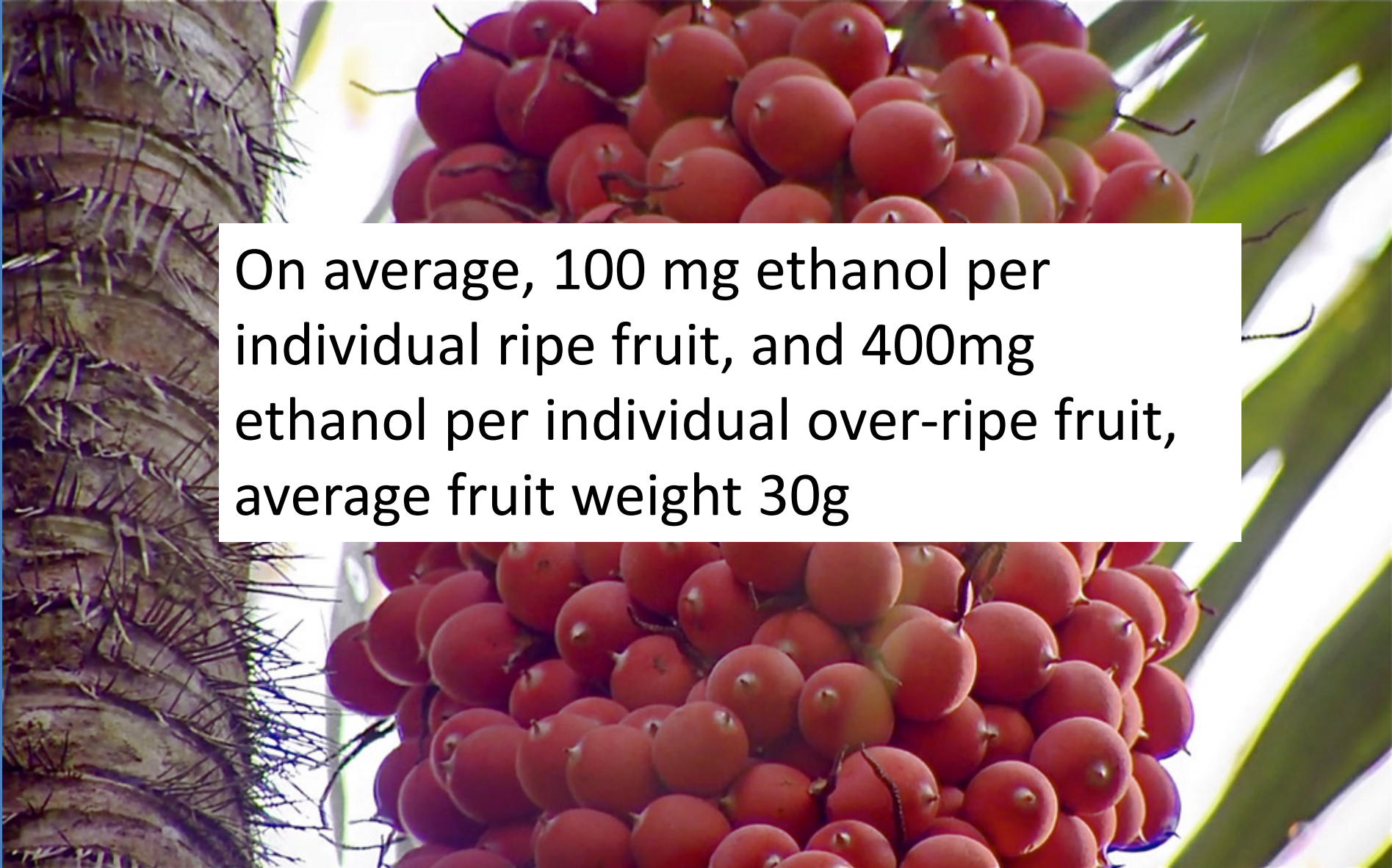
But, when not parasitized, it survives better when not eating nicotine than when eating nicotine.

Primates also engage in pharmacophagy; further, human ancestors may have exploited plant toxins to overcome nutritional and energetic constraints on CNS signaling.

Use of nicotine is widespread in the archaeological record







On average, 100 mg ethanol per individual ripe fruit, and 400mg ethanol per individual over-ripe fruit, average fruit weight 30g

- The presence of ethanol within ripe fruit suggests low-level but chronic dietary exposure for all fruit-eating animals.
- Volatilized alcohols from fruit potentially serve in olfactory localization of nutritional resources

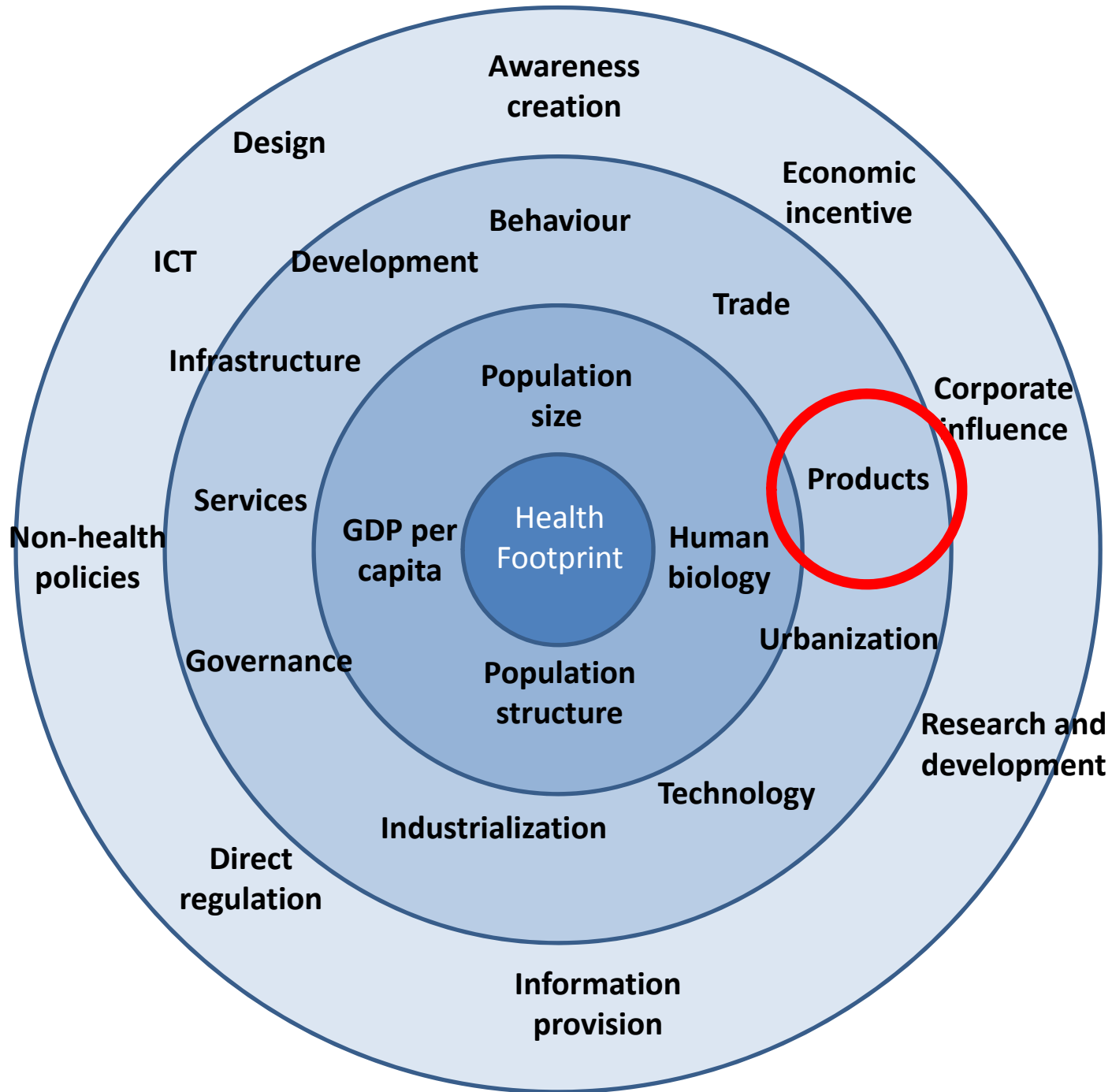
- Primate ancestors living 16-21 million years ago could not effectively metabolize consumed ethanol.
- However, by 6-12 million years before present, human's last common ancestor with gorillas and chimpanzees had evolved a digestion fully able to metabolize consumed ethanol, at levels found in fermenting fruits.

Thus, human evolution would suggest that we are

“active and functional”

in relation to the drugs that we take, including alcohol and nicotine, making

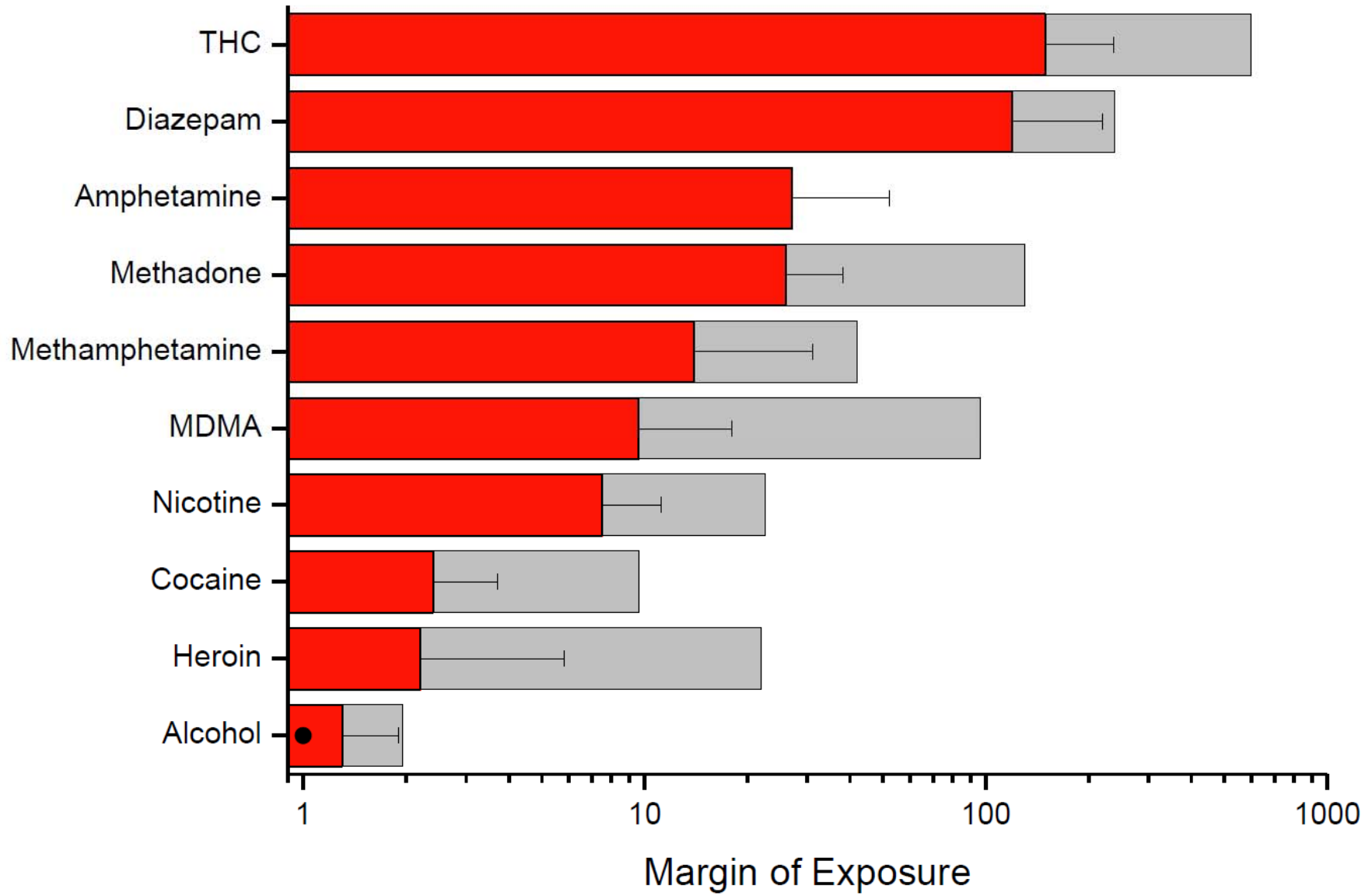
their commercial production and communication knocking on an open door



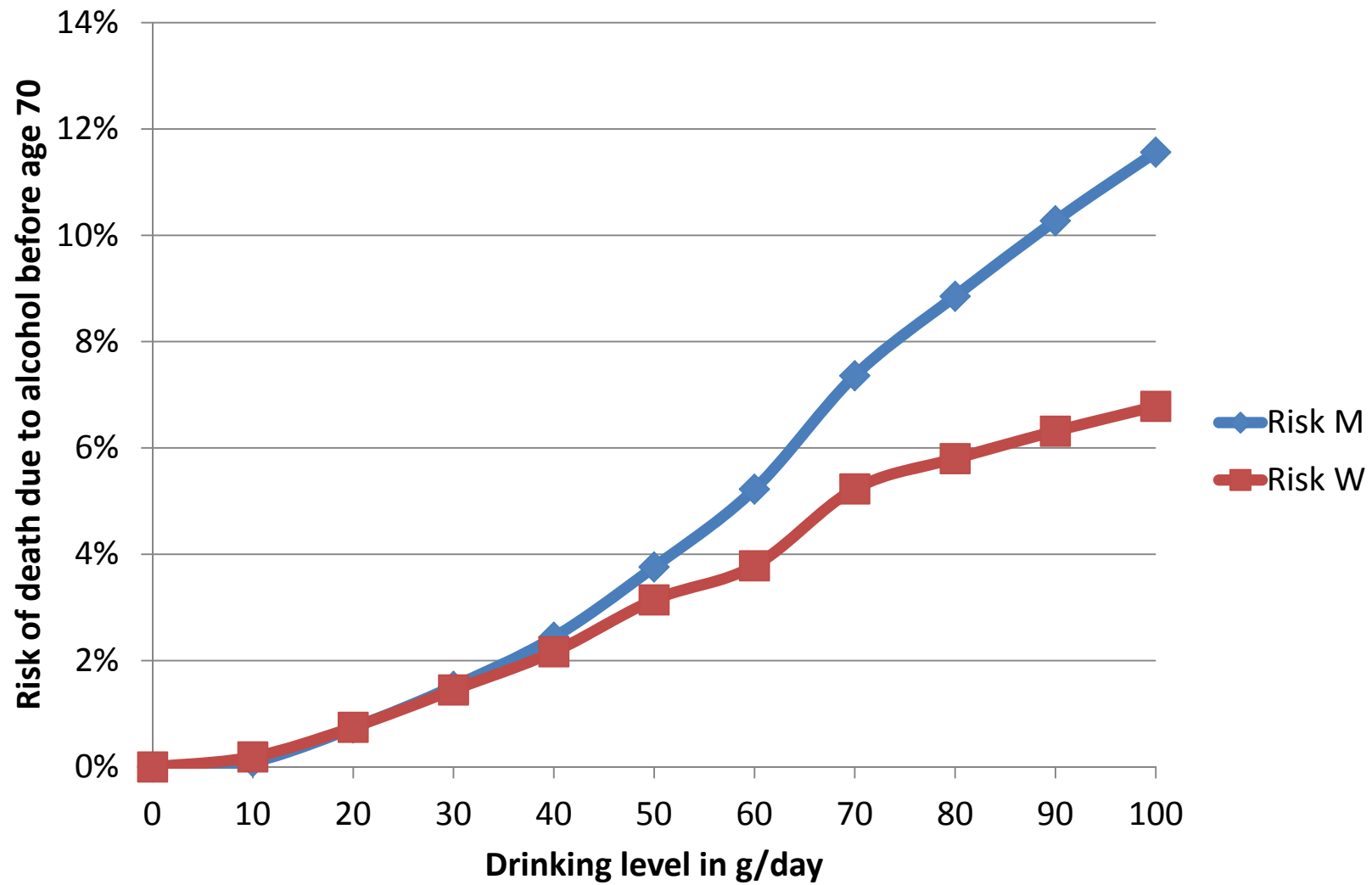
Margin of Exposure analysis compares the ratio of a toxic dose with the dose consumed.

MoE=1: consuming toxic dose

MoE=100: consuming $1/100^{\text{th}}$ toxic dose



Lachenmeier et al 2014



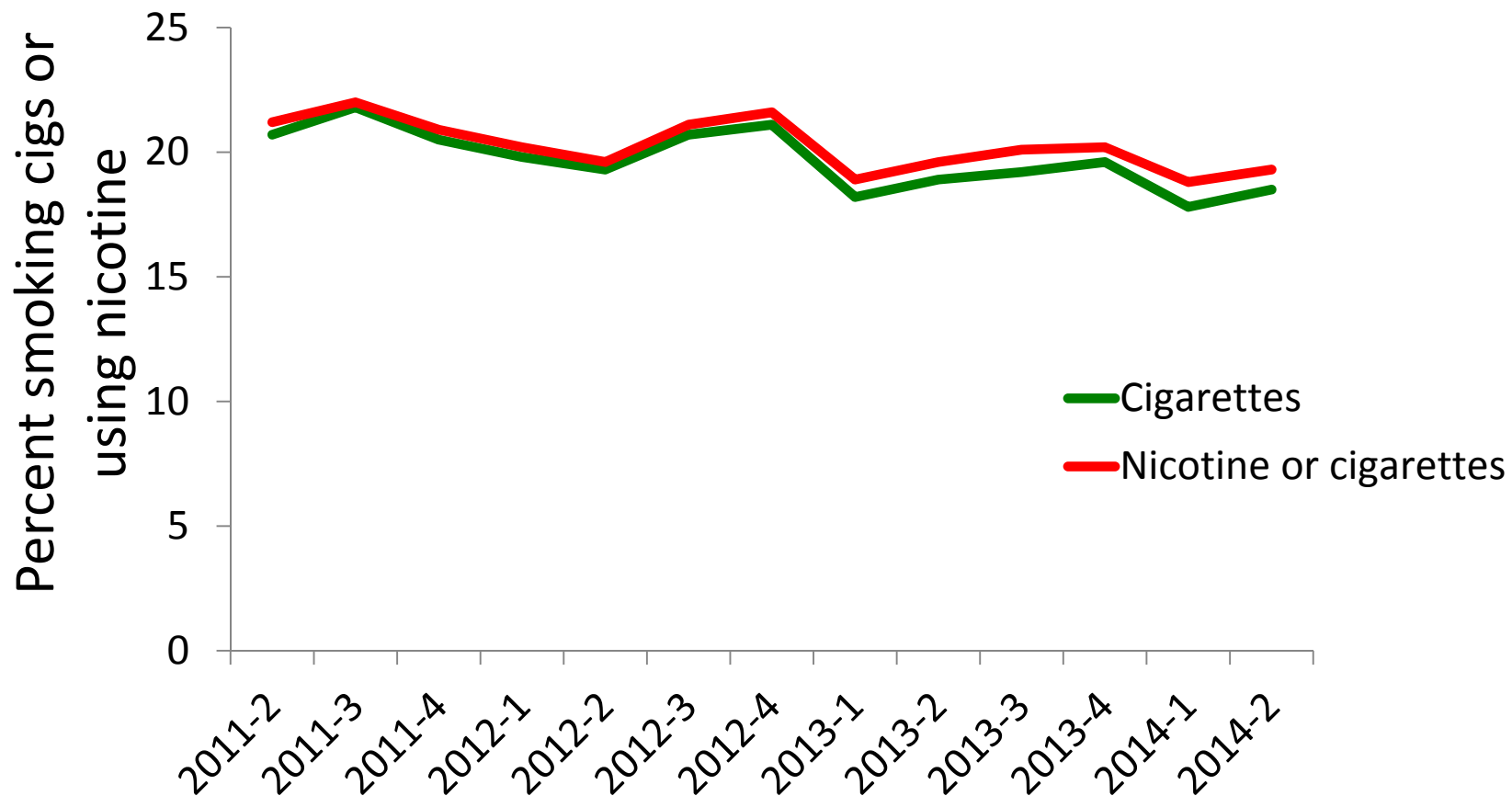
Risk of dying prematurely (up to age 70) due to alcohol consumption in European Union

Source: Rehm 2014

Beer drinkers cannot readily distinguish low and regular strength beers and can enjoy socializing equally with either (Segal & Stockwell 2008)

Discrimination of alcoholic strength by taste was possible to a limited degree in a window of intermediate alcoholic strengths, but not at higher concentrations (Lachenmeier et al 2014)

Prevalence of nicotine/cigarette use





For every million smokers who switched to an e-cigarette we could expect a reduction of more than 6000 premature deaths in the UK each year

Two historical areas framing the debate:

1. Attempts since 1950s for safer products
2. Changing status of nicotine since 1970s

Failed attempts for safer products led to a previous desire for cooperation with industry to be replaced by an undisputed hostility

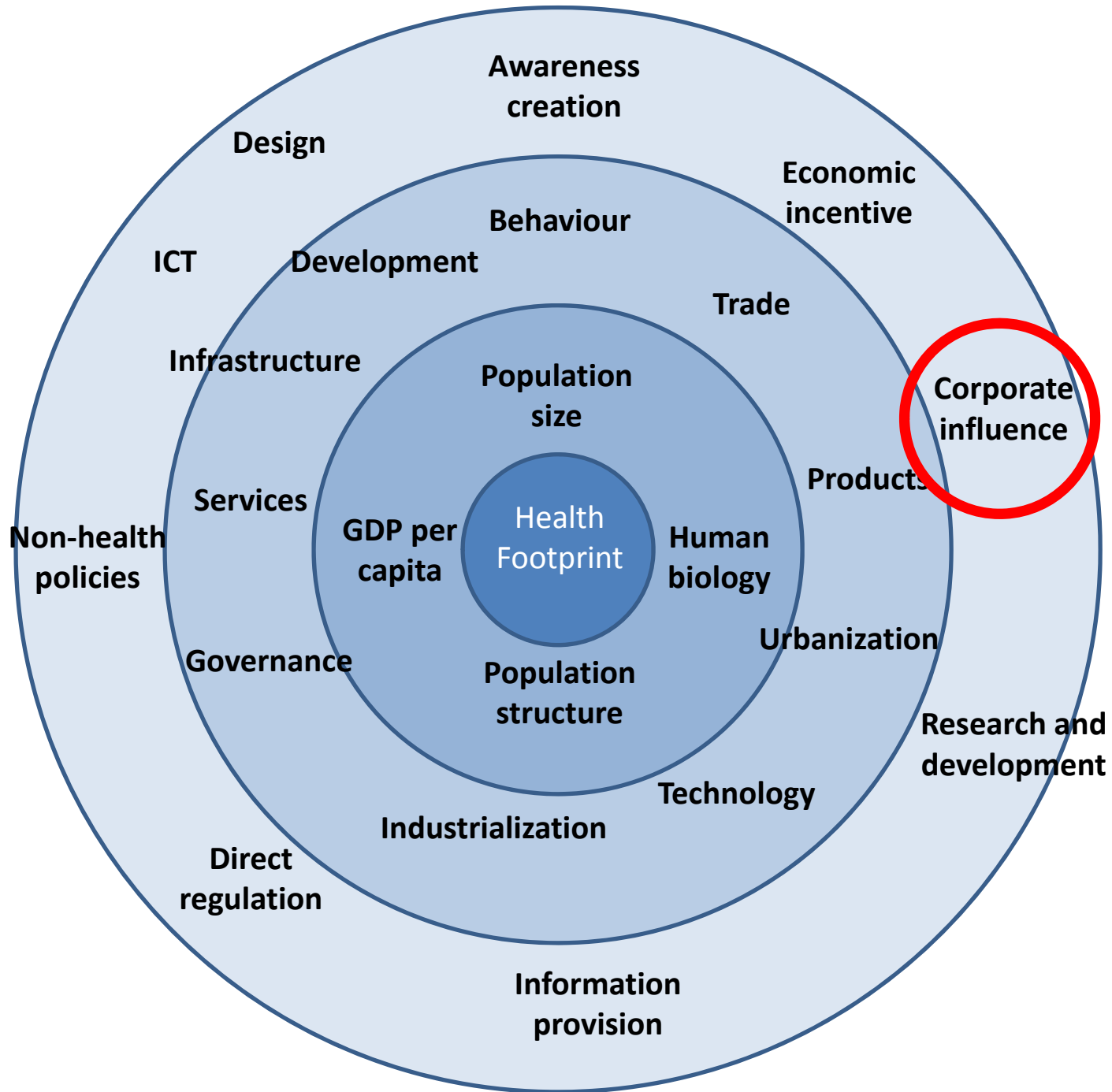
This hostility explained the lack of interest in another development :

Re-categorising nicotine separating it from tobacco as a harm reduction product remained at odds with a dominant public health ethos of abstinence and opposition to all industry connections, including BIG Pharma

Studying corporate social responsibility:

“we found it almost impossible to speak to people in the tobacco industry; despite repeated efforts, we obtained only one industry interview”







FEATURE

ALCOHOL AND PUBLIC HEALTH

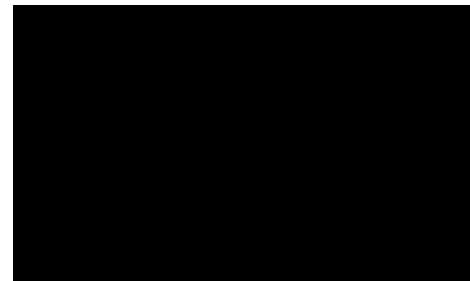
Under the influence: 1. False dawn for minimum unit pricing

In the first of a series of articles investigating the practices of the alcohol industry, **Jonathan Gornall** reveals its longstanding influence on government policy

“Just how that U turn was achieved is not only a story of the power of lobbying, dubious connections, and the expert dissemination of misinformation. It is also a story of a political system both dependent upon and happy to fraternise with the drinks industry, both outside parliament and within.

How else, for example, could it be seen as acceptable for a serving chancellor of the exchequer to accept the title Beer Drinker of the Year in celebration of his having cut duty on beer, and to pose for a photograph holding a beer named “Pennies from 11,” brewed in his honour?”

The chancellor told the guests, “You can hopefully take what has happened this year as a recognition from all of us that we heard what you were saying and we listened and reacted.”



Influence of Supermarkets

The story of a private meeting between the secretary of state for health and the chief executive of Asda supermarket—held three months after the government’s public consultation on minimum unit pricing for alcohol had closed—reveals not only the ease with which big players can access highest levels of government but also the incestuous web of influence spun by the think tanks and lobbying companies they employ.

In April 2013 Asda contacted a special adviser in the Department of Health to seek a meeting with Jeremy Hunt, the health secretary. Among other issues, the company wished to discuss the “the status of the Minimum Unit Pricing (MUP) proposal.”

So far as the outside world was concerned, the government had already committed to the principle of minimum pricing. Its consultation, which had closed, had been concerned only with the level at which the price should be set.

On 2 May, Asda had a “pre-meeting” at the Department of Health with Sam Talbot Rice, a former director of research at the Centre for Policy Studies, the right wing think tank. Talbot Rice had been appointed as one of the secretary of state’s special advisers.

Asda’s delegation included Martin Le Jeune, a former civil servant in the Cabinet Office and fellow of the Centre for Policy Studies, where Talbot Rice had previously worked.

[Stephen Parkinson, another former head of research at the Centre, was appointed a special adviser by Teresa May at the Home Office].

Hunt's briefing notes for the meeting included a passage which seems to indicate that the government's consultation about the level to set the minimum price was not what it was: "Asda are opposed to MUP," wrote the briefing. Hunt's line should be "Government still considering the issue. Could be open to alternative proposals from industry. Welcome Asda's views on this."

Talbot Rice left the Department of Health in May 2013 to return to the Centre for Policy Studies, an organisation that has attacked the policy of minimum unit pricing as "illogical, authoritarian nonsense . . . illiberal [and] unfair."



FEATURE

ALCOHOL AND PUBLIC HEALTH

Europe under the influence

Carrying on from his investigation into the lobbying activities of the alcohol industry in the UK, **Jonathan Gornall** finds that the industry is using similar tactics to influence Europe's alcohol policy

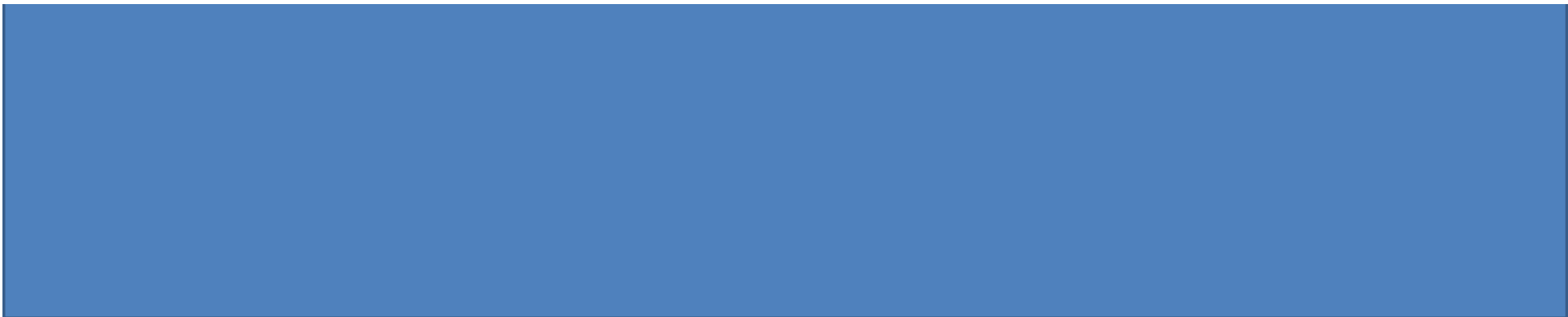
“Despite these shocking statistics, the European Commission has offered no resistance to the alcohol industry. Worse, under the auspices of its 2007 alcohol strategy it has instead collaborated with industry’s preference for self regulation, building it a voluntary platform from which it can shout loudly about corporate responsibility and voluntary commitments, concepts that have proved largely ineffective in preventing the health harms caused by its products.”

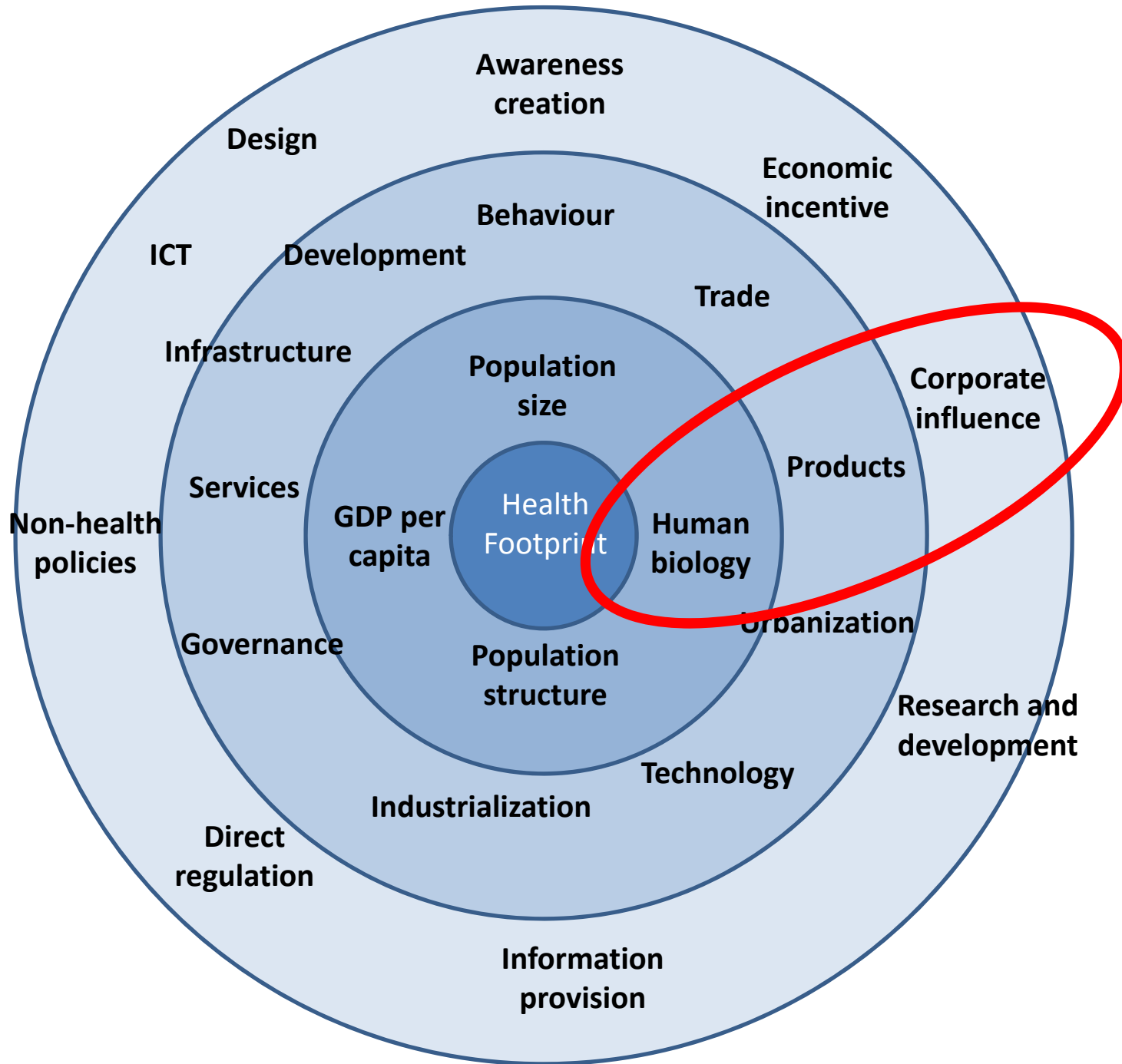
The Food Information Regulation Directive, which has imposed mandatory health labelling requirements on food products, originally included alcohol in its scope, although it was taken out during the process. The rapporteur for the directive was Renate Sommer, vice-president of the European parliamentary beer club.

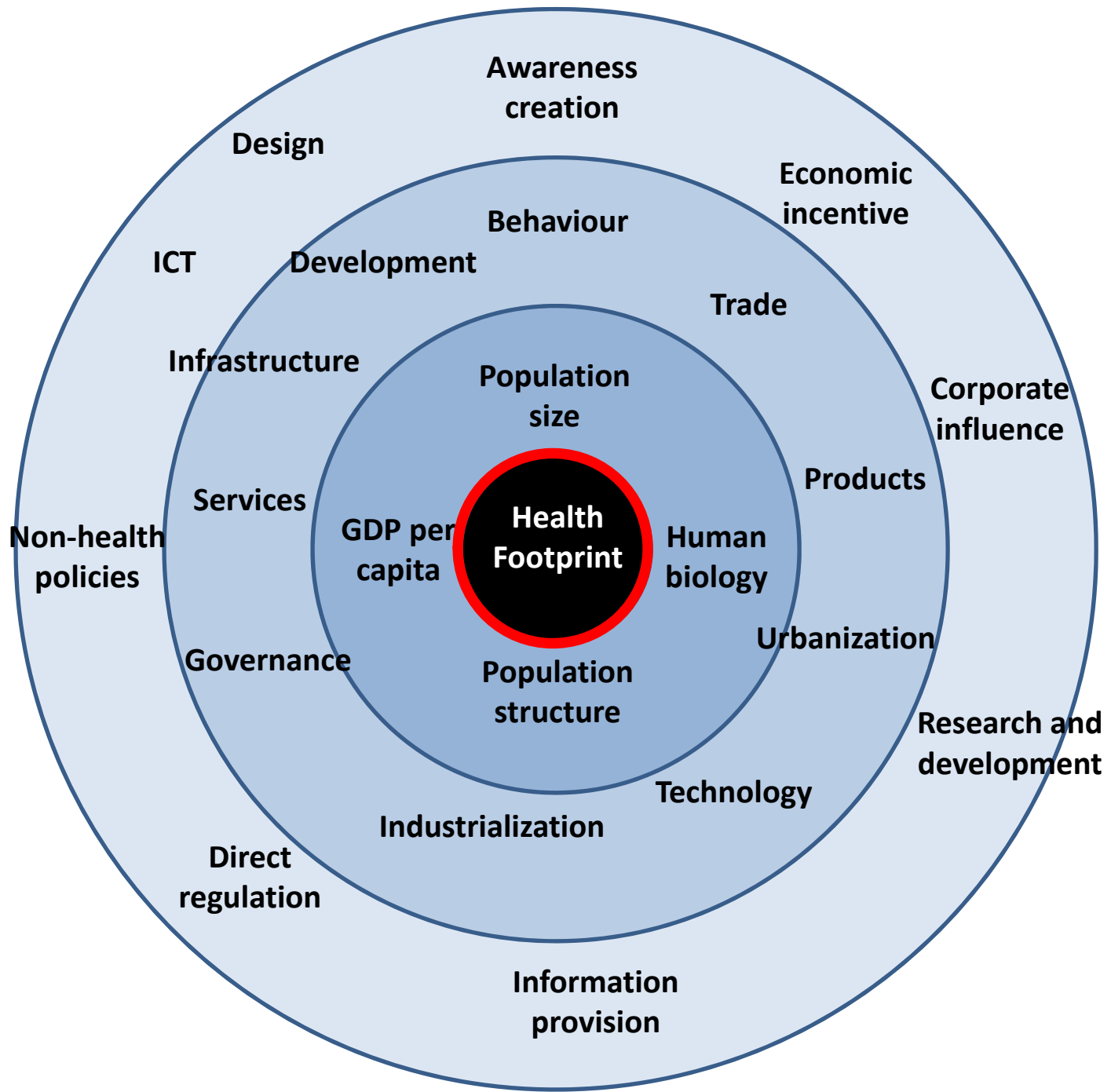
“My membership of the beer club had by no means influenced me in my role as rapporteur.”

“As long as beer is being consumed responsibly it is a healthy product that contains vitamins, minerals, enzymes, and even anti-inflammatory ingredients.”

Asked if she considered economic growth and jobs to be more important than lives, she dismissed the question as “more than impertinent and even more tendentious than the others.”







The central reason for estimating a carbon footprint is to help reduce the risk of climate change through enabling targeted reductions of greenhouse gas emissions.

In the same way, the health footprint (HFP) can be the accounting system for identifying the determinants of health and the management tool to evaluate opportunities by the public and private sectors and civil society to reduce health burden.

The carbon footprint can be defined as a measure of the total amount of greenhouse gas (primarily CO₂ and CH₄) emissions .

Similarly, the HFP can be defined as a measure of the total amount of health burden of a risk factor, sector or action within a spatial and temporal boundary of a defined population. The HFP measures the impact of a range of immediate and underlying drivers of impaired health and the policies and measures that impact upon them.

ABInBev contributed 3.34 million alcohol-attributable DALYs in 2012, 3.4% of all alcohol-attributable DALYs, and 0.13% of all DALYs.

ABInBEV could choose to commit to reducing its HFP by 10% to 3 million alcohol-attributable DALYs over the next five years.

ABInBEV products could be labelled with their global HFP contribution.

The UK government's U-turn on minimum unit price increased its health footprint by 9,000 preventable deaths over 10 years.

In conclusion:

Present political and economic structures are often not health-friendly:

“Vetocracy” vetoes health decisions

Shareholder value vetoes health decisions

In conclusion:

The Health Footprint can drive accountability for health in the public and private sectors

Thank you for your attention