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At the CPME Board Meeting, in Ljubljana, Slovenia, on 15 March 2008, CPME adopted the following document : "CPME reaction to the EU Commission's White Paper on *A Strategy for Europe on Nutrition, Overweight and Obesity-Related Issues*" **(referring to CPME 2007/119 Final EN)**

CPME reaction to the EU Commission's White Paper on 'A Strategy for Europe on Nutrition, Overweight and Obesity-Related Issues'

The CPME, which represents doctors throughout the EU, welcomes the White Paper and particularly its emphasis on the need for an inclusive approach involving all 'stakeholders' from the individual consumer through to industry and government, with particular reference to vulnerable groups and to the actions which are required at every level – international, national, regional and local. Every individual and organisation, whether in government, civil society or commerce, needs to understand the contribution they can make to control and eventually to reverse the epidemic of overweight and obesity, with its increasing detriment to the quality of life and its toll of preventable disease, disability and premature death. The objective of encouraging healthy diets and physical activity in domestic, educational, workplace and recreational settings – the principle of 'subsidiarity' - is acknowledged, with the EU providing practical, logistic support. In particular the food and drinks industry needs to step up its efforts to reformulate products, especially prepared meals high in fats, salt and sugar. Approval of claims made by producers about their products under Regulation 1024/2006 – now in force – should be required before products come to market.

The EU's reliance on voluntary measures and self-regulation by the commercial sector, whether in the food and drinks industry or in infrastructural developments, e.g. in the built environment and transport, is commendable as far as it works, but there is a clear hint that if evaluation in 2010 is not reassuring, the EU will 'determine whether other approaches are also required' (presumably regulation). The EU platform on diet, physical activity and health affords an opportunity for all participants to commit themselves to effective actions which are already being monitored. For its part, the CPME is promoting a culture of positive practice by doctors and their allies in healthcare to educate and encourage healthy lifestyles in their patients and in their communities.

Alcohol is a significant contributor to calorie intake and consideration of its use and abuse should be included in the development of policy on diet and nutrition.

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The CPME approach

This response to the White Paper is based upon the CPME's policy statement following the EU's earlier Green Paper, 'Consultation in the Fight Against Obesity in Europe' (CPME 2006/020). It will examine the needs for action by all stakeholders in relation to:

- The physical, socio-economic and cultural environment;
- The needs of populations as a whole, with particular consideration to specific target groups, notably expectant and nursing mothers, children, workers and the elderly; disadvantaged people, whether affected by inequalities or disabilities including mental illness; and prisoners;
- Measures required to assist consumers to access and choose healthy alternatives to foods high in fats, salt and sugar at an acceptable price.

The environment

The Common Agricultural Policy (CAP) should be reformed to support sustainable agriculture and horticulture to assist in making healthy choices of food and drink more readily available. Developments should be planned to provide environments conducive to healthy living, with beauty in place of ugliness. Pollution arising from controllable industrial effluents and high $C0_2$-emitting vehicles should be tackled and waste disposal systems should assure maximum recycling and provide energy by-products. Housing and workplaces should be designed to be safe, with 'green' heating and ventilation systems, and to promote physical activity, with stairs as accessible alternatives to elevators and escalators. A judicious balance should be struck between public and private transport on the one hand and facilities for pedestrians and cyclists on the other, with traffic-free zones and protected cycle lanes in urban areas. Good street lighting makes night-time activity safer by deterring crime. There should be ready access to green open spaces and parks to facilitate relaxation and recreational activities for people of all ages. Local communities including children and young people should be involved in such planning.

Special attention should be given to victims of inequalities – those at the bottom of the socio-economic scale, the disabled ('challenged' in the jargon) and minority ethnic groups with low expectations and diverse cultural traditions and habits.

Within international policies promoted by inter-governmental organisations (IGOs) such as the EU and the WHO to combat global warming and improve the physical environment, individual countries must provide relevant fiscal and social policies across all departments of state, notably the Treasury, Health, Education, Food and the Environment, Social Services, Transport, and 'Home Affairs'. Local government, along with the voluntary sector and non-governmental organisations (NGOs) have important roles in the control of crime, drug abuse, tobacco and alcohol. There is scope for initiatives such as subsidies for fruit and vegetables and the provision of imaginative sports facilities.

Specific population groups

Children and Adolescents:

- Health-promoting measures should include enhanced pre-natal care and professional support for expectant and nursing mothers to protect their health and give their children a healthy start in life.
- Nursery provision and education, especially for children of harassed or working mothers, or with developmental disabilities.
- The resourcing of healthy schools with a high quality of physical environment, the promotion of good hygiene, a supply of ubiquitous clean water from taps or attractively designed bottles, healthy food and drink including fruit and vegetables, and free meals for children at high risk of malnutrition.
- Facilities for a range of physical activity during breaks and after lessons, which should routinely occupy at least one hour daily.
- The promotion of both team and individual sports in leisure time.
- Teaching of the essential elements of nutrition, notably desirable nutrients; how to exercise choice in shopping; informed scepticism about advertising and the promotion of brands aimed at children; development of basic cooking skills.
- Special attention to children with learning difficulties or behavioural problems.
- Involvement of parents to foster collaboration with the teachers, to recognise the importance of a good breakfast to start the day, and even to learn from what their children are being taught.
- Skilled counselling support for vulnerable parents and families.
- Support for adoption and fostering for children who have been deprived of a caring, loving home environment.

Workers and workplaces:

- Workplaces should be designed to encourage healthy activity.
- Employers should be encouraged by fiscal and other measures to promote physical activity in their employees during breaks in the working day and to provide healthy choices of food, whether meals or snacks in canteens and vending machines.
- A balance should be struck between risk assessment and safety procedures on the one hand, and the promotion of physical activity on the other, e.g. elevators and escalators may be safer but stairs offer healthy exercise.
- Competition in sports within and between companies should be encouraged.
- Physically and mentally disabled employees should receive tailored support to enable them to benefit from making their optimal contribution.
- Those – frequently two-income – families employing domestic staff should be made liable for the prevention of accidents and the provision of sustaining beverages during working hours.

The elderly:

- They should be enabled to remain in active employment, suitably graduated as appropriate, by pensions reform and enlightened employers.
- They should be encouraged to remain active by safer environments for walking, cycling, shopping and social intercourse by road engineering, good lighting and control of anti-social behaviour. There must be robust regulation for the availability of alcohol.

- The very elderly and those with failing eyesight and failing cognition will be assisted by clear and simple labelling of food and drink.
- They should be assured of a high quality of services including catering in residential and nursing homes.

Hospital patients:

- They should be kept as mobile as possible.
- They should benefit from model provision of food and drinks, including adequate fresh water.

Prisoners:

- Although properly deprived of their liberty, they should not be deprived of a healthy diet and a range of opportunities for physical activity.

People as consumers

Comprehensive and relevant information, especially at the point of purchase, is crucial to healthy diets and should be clear, scientifically valid, accurate and relevant. Simple but adequate information should be presented on 'front of pack' about key nutrients, which can be taken in at a glance: the CPME advocates a system of colour coding – 'traffic lights' – to denote whether the levels of fat, sugar and salt are high, medium or low. It does not support the alternative used by some retailers of GDAs (guideline daily amounts) as calorie intake varies with age and degree of physical activity, and consumers are not normally equipped with pocket calculators. Fuller information can be provided on 'back of pack'. Care should be taken in regard to vitamins and minerals which can cause confusion and raise issues of safety if taken in excessive quantities.

The content and presentation of this information should be monitored by a body independent of providers, which should also have power, backed by sanctions, to scrutinise information provided by vested interests including manufacturers and retailers, the advertising industry and the media.

Advertising – often disguised as 'social marketing' – wherever it appears, should be subject to national controls and, where it is cross-border, notably in television, be subject to international regulation to reassure customers that it is not misleading and potentially inimical to health.

Advertisers deliberately target children, eg with seductive and endearing cartoon characters and prize competitions. There is a strong consensus in civil society that advertising aimed at children to consume unhealthy food should be banned. This raises the need for independent bodies such as Food Standard / Safety agencies to define unhealthy foods, and for agreement about the upper age limit – organisations representing industry would understandably prefer the age of 12, the CPME would prefer 18. Another issue is the timing of advertising aimed at children in the broadcast media and especially on television; it is obviously desirable to ban it during times when children are likely to be viewing. The CPME takes the view that protection requires a late hour such as the '9pm watershed' in the United Kingdom.

The internet, with its toxic menu of dubious information, is an increasing source of anxiety because no effective or acceptable methods of control have been devised. On

the positive side, retailers should be encouraged to present healthy products attractively.

The public health counterpart to commercial advertising is the health campaign aimed at behaviour change by presenting positive information to promote healthy lifestyles. Clear and simple messages can encourage desirable choices in purchasing, and in striking a judicious balance between intake of calories and expenditure of energy. Programmes can be tailored to specific groups of people such as ethnic minorities and the impoverished. Concrete, practicable advice on physical activity should be monitored to check their validity and assess their effectiveness.

The significance of alcohol, with its high calorie intake, and of smoking, both of which distort the appetite for food and drink and carry so many established hazards to health, should not be overlooked.

Care should be taken to avoid stigmatising individuals or groups of people who are vulnerable by reason of cultural factors, disease such as diabetes, or pathological consumption (anorexia, bulimia).

Healthcare services

It is a cliché to state that structure should serve function, but it is a sad reflection on health authorities that too many hospitals and health centres – both old and new – fail to provide for the needs of either patients or staff. All health services should provide:

- A clean, safe and welcoming environment which caters for both patients and staff including, as appropriate, a choice of healthy food and drink and facilities for physical activity;
- Professional staff who are knowledgeable about nutritional science and the importance of physical activity and who can ideally serve as role models;
- positive, attractively presented information in a range of formats to encourage healthy eating and activity and to make full use of local services;
- doctors and other health professionals who take every opportunity to raise issues of nutrition and exercise, and to tackle the root causes of overweight and obesity – brief interventions can be effective and cost nothing;
- opportunities for action research in patients' responses to health messages.

Value added

The CPME particularly applaud the examples in the White Paper of ways in which the EU can add value to the programmes of individual countries and other stakeholders by promoting scientific information and surveillance, spreading evidence of best practice and co-funding "to 60% for promotion projects aimed at young consumers". There is an overdue commitment to health impact assessment. The CPME also welcomes the proposed creation of a "high-level group focused on nutrition, overweight and obesity related health issues, comprising a representative from every member state". It is to be hoped that countries will select representatives with knowledge and commitment, and not necessarily ministers or civil servants. Collaboration with the WHO, as in the Istanbul Conference in November 2006 which produced the European Charter on Counteracting Obesity, is crucial, especially as the WHO Regional Committe for Europe in its 57th session on September 19th 2007 agreed several resolutions in

pursuit of its Second European Action Plan for Food and Nutritional Policy. This Plan aims to achieve the following health goals:

- To reduce the prevalence of diet related NCD.
- To reverse the obesity trends in children and adolescents.
- To reduce the prevalence of micronutrient deficiencies.
- To reduce the incidence of food borne diseases.

Other bilateral links, notably with the US and Canada, are to be welcomed for the exchange of information about useful initiatives.

Nutrition and exercise may be dull, but food and physical activity can be fun, as well a promoting a high quality of longer life.