

# Healthy By Law

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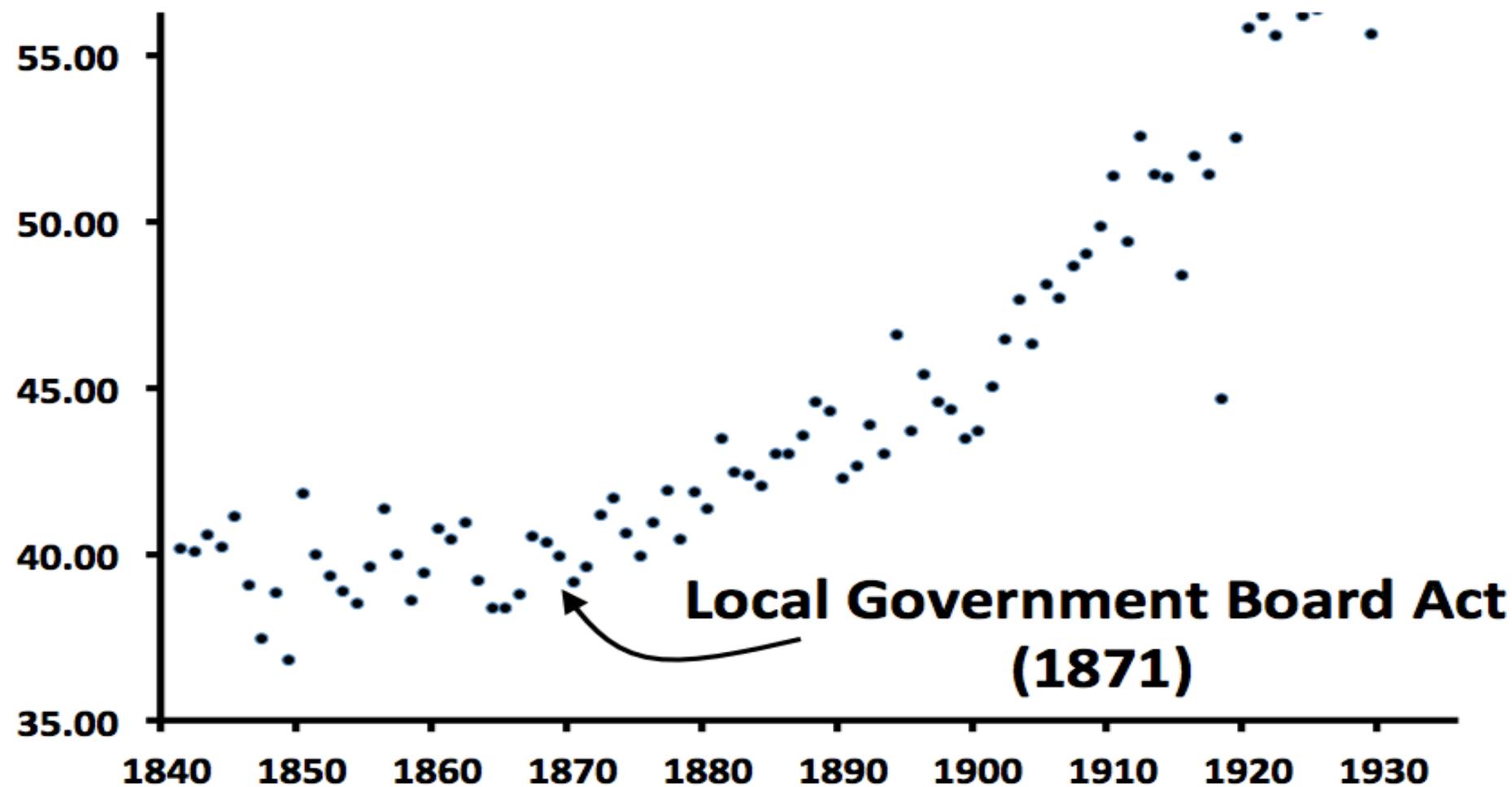
“Healthy by law: the missed opportunity to use laws for public health,” *The Lancet* 2012; DOI:10.1016/S0140-6736(11)60069-X.



Years

# English Life Expectancy 1840-1935

Data: Office of National Statistics



Years

60.00

# English Life Expectancy 1840-1935

Data: Office of National Statistics

Registration of births, deaths, and marriages (Births and Deaths Registration Act 1836, Births and Deaths Registration Act 1837)

55.00

Prevention of Disease (Public Health Act 1848, Diseases Prevention Act 1855, Public Health Act 1858, Public Health Act 1859, Nuisances Removal Act 1860, Sanitary Act 1866, Sanitary Act 1868)

50.00

Drainage and sanitary matters (Sewage Utilization Act 1865, Sanitary Act 1866, Sewage Utilization Act 1867, Sanitary Act 1868, Sanitary Loans Act 1869)

45.00

Baths and wash-houses (Baths and Washhouses Act 1846, Baths and Washhouses Act 1847)

40.00

Vaccination (Vaccination Act 1867)

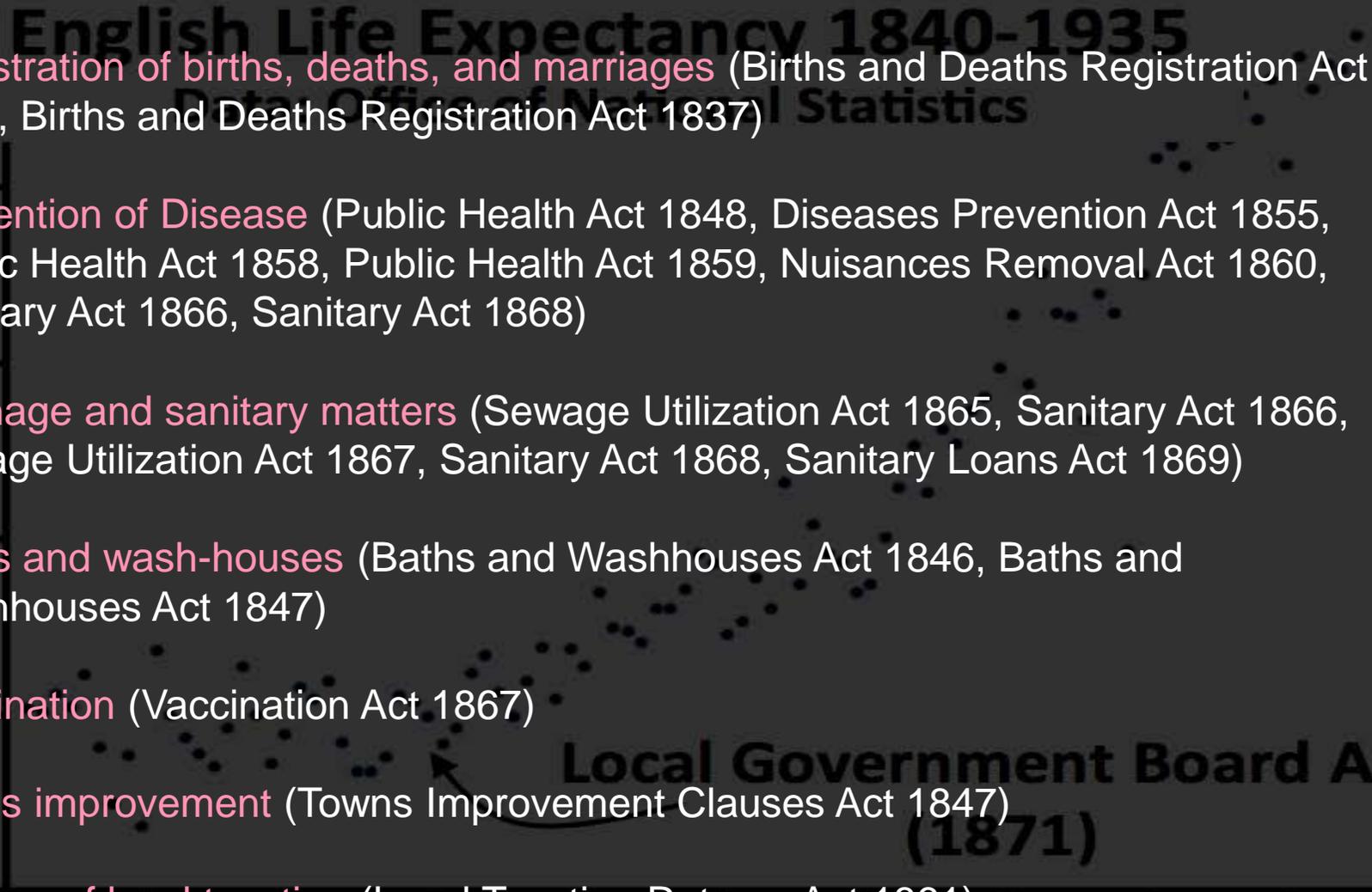
Local Government Board Act (1871)

Towns improvement (Towns Improvement Clauses Act 1847)

35.00

Returns of local taxation (Local Taxation Returns Act 1861)

1840 1850 1860 1870 1880 1890 1900 1910 1920 1930



# Law and global health initiatives are fellow travelers

## – **Health For All (1978)**

- Universal health insurance laws – ABSOLUTELY MOST IMPORTANT
- Health care worker licensing laws
- Pharmaceutical & medical device regulation laws

## – **Tobacco Free Initiative (1998)**

- Tobacco marketing laws
- Smoking laws

## – **Social Determinants of Health (2011)**

- Urban land use laws
- Food content and labeling laws
- Social welfare & solidarity laws to promote equity
- Laws for NCD control (tobacco, nutrition and “metabo”)

# Good laws are the ultimate global public good for health

- **Laws are free.** Anyone can copy a good law. There is no intellectual property: it is impossible to patent a law.
- **Laws are transparent.** All laws are public. They can be debated by the public and Parliament.
- **Laws support equity.** In countries with a human rights constitution, laws cannot discriminate on age, race, or sex.

**BUT THERE IS NO SYSTEMATIC DATABASE OF HEALTH LAWS, SO THESE ADVANTAGES ARE UNREALIZED**

# The old WHO Digest (now dead)

## WHO - International Digest Of Health Legislation

Welcome to the International Digest of Health Legislation (IDHL) on-line database.

The *International Digest of Health Legislation* contains a selection of national and international health legislation. Texts of legislation are summarized in English or mentioned by their title. Where possible, links are provided to other websites that contain full texts of the legislation in question.

The electronic version of the *Digest* supersedes the printed version, which was published from 1948 to 1999. It represents the latest stage in the evolution of a service which began in 1909 with the publication of the first issue of the *Bulletin mensuel de l'Office international d'Hygiène publique*.

This page allows you to query the database:

- By selecting a country
- By selecting a subject
- By selecting a volume
- By selecting an issue
- And by looking for a specific keyword

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## Other UN agencies have law libraries

- **ILO** has a library of labor and employment laws (NATLEX)
- **World Bank and IMF** have a library of banking laws (The Global Banking Law Database)
- **WIPO** has a library of patent, trademark and copyright laws (WIPO-LEX)
- **UNODC** has a library of narcotics control laws (The Legal Library)
- **UNESCO** has a library of cultural protection laws (the Database of National Cultural Heritage Laws)
- **IAEA** has a library of atomic energy laws (Nuclear Law Institute)
- **UNOOSA** has a library of laws for outer space (National Space Law Database)

# Tobacco

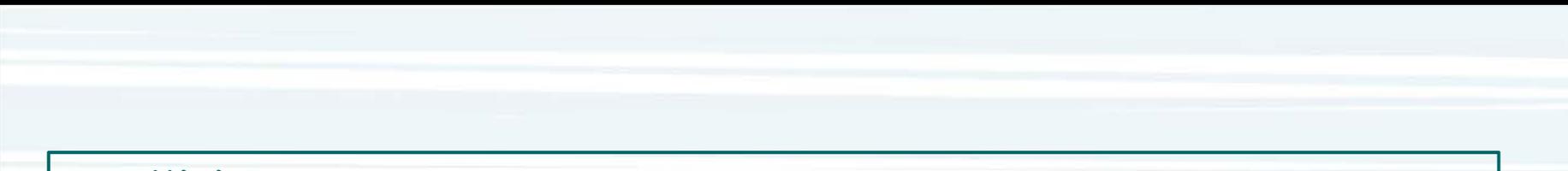
- Because of the FCTC, there are many laws, from complete public smoking bans, to regulations of advertisements and packaging material. **Too many countries to count.**
- **Australia is the best.** Plain paper packaging. This has survived legal challenge, but might not do so well in other countries with constitutionalized freedom of expression.
- **Ireland** proved that indoor smoking bans are not economically ruinous. The pubs didn't go out of business. But don't introduce an indoor smoking ban in winter!
- **Canada** limits advertising to point of sale. Won't do Australian-style packaging though, ironically stating that the gruesome packages are less intrusive than plain paper.
- **Regulate e-cigarettes** or not? Perhaps not: harm reduction is a valid clinical paradigm.
- **Laws on smoking cessation are weak.** Tax credit for smoking cessation programs?

# Trans fat

- Trans-fat can effectively be abolished from commercially produced foods and legislation can make this happen.
- **Denmark** has a 2% limit of TFA in processed food. Denmark has seen a 15% drop in HT. Causality open to question. Also there are TFA restrictions in **Turkey, Iceland, California, New York City**.
- **Poland** has reduced subsidy on high fat food. **Finland** did likewise, but transferred the subsidy from dairy to berry farmers (so changing from negative to positive risk factors).
- Alternatively trans-fatty foods can be mandatorily labeled: **Canada, USA**.
- Labeling in stoplight fashion (**red, yellow, green**): **Ecuador**
- Require explicit, tobacco-style health warnings? No examples of that yet.
- Make limits on TFA a condition of licensing food establishments? Now you are into health impact assessment: potentially a very far reaching tool that nobody is using yet.

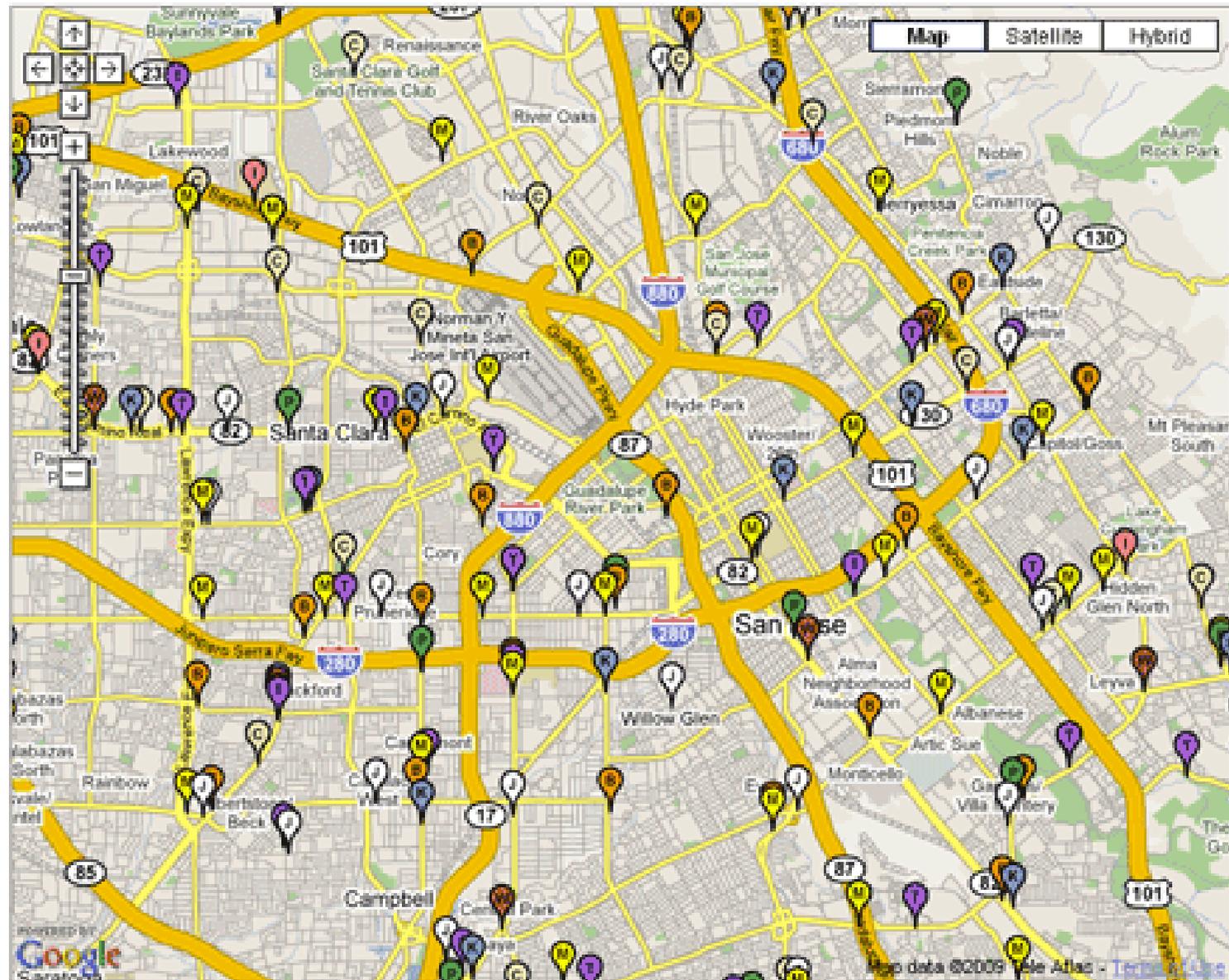
# Sodium and Sugar

- Controversial! But if you have legislated iodine in salt (almost everywhere has) then you are halfway there. Likewise if you have subsidies for agriculture. All this is law.
- $\text{Na}^+$  reduction is controversial, as is the debate about NOAEL or paradoxical clinical benefit at  $< 2.3$  g/d. Yet we regulate other foods (alcohol) having paradoxically benefit.
- **Finland** limits  $\text{Na}^+$  in typically high-salt foods (soups, sauces) and requires high-salt foods to be labeled. Thought to be associated with about a 13% reduction in HT, but causality is open to question. **United Kingdom** has a red/yellow/green light system, and Na intake is down about a gram.
- **Argentina** has legislated lower salt in staple foods (bread, cheeses) and in Buenos Aires, you have to ask for a salt shaker. Consultation was essential to overcome resistance.
- **Mexico** has just passed a tax on sugary drinks. The industry fought it hard. **France** has also. **New York City** tried to prohibit big fast food sodas; courts struck it down.



# Physical Activity

- Our cities determine our movement. **London** has a congestion charge. Public transport utilization is very much up, so people are walking some.
- **Canada** has a tax credit for youth activities, including sport. Also tax exempts bicycles, but only if they cost under \$1000, which is silly.
- Overall physical activity laws are unimaginative and lacking. Some ideas:
  - All land use planning is done by zoning. So mandate walking and green space, obviously. Mandate pedestrian walkways. Cairo needs these!
  - By the way, you can restrict fast food restaurants at the same time. Today's McDonald's is yesterday's Broad Street Pump.



**Restaurant Info**

McDonald's  
 1869 Camden Ave  
 San Jose, CA 95124-3022

[Pan to Center](#)  
[Send Back](#)  
[Send Forward](#)

**Screen Stats**

38	McDonald's		<input checked="" type="checkbox"/>
25	Burger King		<input checked="" type="checkbox"/>
11	Pizza Hut		<input checked="" type="checkbox"/>
27	Taco Bell		<input checked="" type="checkbox"/>
7	Wendy's		<input checked="" type="checkbox"/>
18	KFC		<input checked="" type="checkbox"/>
23	Jack		<input checked="" type="checkbox"/>
0	Hardee's		<input checked="" type="checkbox"/>
17	Carl's Jr.		<input checked="" type="checkbox"/>
3	<b>In-N-Out</b>		<input checked="" type="checkbox"/>
169	Total		

**Detail Control**

Showing: Restaurants

[Link to Current Map](#) 

# Continuum of care: dx to tx

- PURE shows that HT and pre-diabetes is undetected. Further, primary prevention is more cost-effective than secondary prevention to avoid CVD.
- **Japan** has the fascinating "Metabo Law". Insurers and employers organize mandatory yearly check-ups. Persons who are obese (by BMI) or have underlying hypertension are provided help (consultation with dietitian, exercise regimen and follow up calls).
- Japan's obesity rate is 2%, an order of magnitude better than its peers.

# Government process improvements

- There should be **health impact assessment laws**, similar to environmental impact assessment laws that are triggered with permitting decisions: permit issuance is linked to impact mitigation. No country has a serious HIA law, and what people call HIA is a terrible misnomer.
- There should be legislated **transparency** in setting clinical guidelines. The **US** has this to an extent with FDA panels being open. **Brazil** has a mandatory dialogue between the Minister and stakeholders.

# Summary

- With NCDs, the law is just as primitive as it was for CDs in 1860.
- While laws in many areas are necessary, “take off” probably needs all the laws to be put in the hands of a single authority or jurisdiction.
- Improvement is possible in many areas:
  - Tobacco
  - Diet (sugar, salt, fat)
  - Physical activity
  - Environmental quality
  - Enforcing the continuum of care from prevention to treatment
  - Process regularity and transparency of clinical guideline development
- **EXTREMELY BIG PROBLEM:** There is no intervention or outcome database of health laws. Knowledge is basically 100% unscientific and unsystematic.

Further questions:  
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