Food and drugs: the perils of plenty

The abundance of both food and pharmaceuticals in much of Europe has brought serious health problems as well as benefits. It is no longer possible to assess the quality of most products on the basis of physical examination, and labels often carry information that is incomprehensible to lay persons. Governments should ensure that consumers can understand both the broad principles of healthy living and the nature of the foodstuffs and medicines on offer. It is also important that prescribers be kept abreast of developments in the pharmaceutical field.

The road to health is paved with good intentions, many reflecting a determination to eradicate poverty and shortages of food and medicines. In most of Europe these problems have been overcome. However, complications have arisen, for living wisely with a surplus of riches is not easy. If one medicine works well there is sometimes a tendency to believe that two or three will be even better. If the rich food once reserved for festivities becomes permanently accessible, why not eat it every day? Of course, the perils of plenty are not experienced by everyone, even in the most affluent societies, but they do exist for many people and should be comprehensively tackled.

Habits and consequences

At first sight the idea that time and money should be spent on finding out what people eat and what drugs they use may seem preposterous. Yet these things are not well known or documented. Drug manufacturers are often secretive about their sales figures, and even where these are broadly known there may be no information on doses prescribed, types of patient, and the reasons for prescribing. Without data on these matters and on adverse side-effects and interactions it is impossible to obtain a picture of the true situation. With regard to food, figures on intake by sufficiently large samples of populations are costly and difficult to collect and analyse, yet they are vital for policy-making. For both drugs and food, data should be obtained by means of well-designed studies at every level from the global to that of the individual consumer.
International research can throw light not only on differences between countries in health practices and life-styles but also on their consequences. However, the collecting of information about dietary patterns is far more complicated than it may seem. Food intake varies from day to day in the same person, and people eat a wide variety of foodstuffs: a typical supermarket in western Europe may offer some 30,000 products. Food balance sheet data, as collected by the Food and Agricultural Organization, have been fed alongside WHO’s mortality data into a database suitable for a personal computer to show, for example, the strong contrast between Mediterranean diets high in cereals, fruit and vegetables, and those of more northerly countries, where meat and milk are important. Nevertheless, the differences are narrowing, to the detriment of healthy eating in the south. The health consequences of daily eating habits can be traced, as with the correlation between the rising incidence of ischaemic heart disease and diets increasingly rich in meats and poor in fruit and vegetables in parts of central and eastern Europe.

Thus industrialized society sometimes creates its own health problems which could largely be avoided if policies for good health were implemented. Such policies need to have a broad base, for patterns of food and drug use are not merely a question of habit; they are also related to people’s knowledge, beliefs and attitudes, and to economic and geographical circumstances.

Teaching and informing

Even in countries with strong educational traditions the basic training of doctors in the selection and use of pharmaceuticals has tended to be theoretical and incomplete, and often there has been no follow-up training. As a result, physicians may be heavily influenced by travelling salespersons. All too often the prescriber resorts to drug treatments that have been surpassed, or in contrast selects the latest and most costly drug even if proven medicines are cheaper and perhaps safer. Experimental programmes on the teaching of prescribing to medical students and doctors, centred on a curriculum being tested at Groningen University, are finding ways to redress the balance; this initiative is backed by a range of European handbooks on prescribing for the elderly, children, and pregnant and lactating women. At the same time programmes of public education, particularly in France, are getting the message across to both adults and schoolchildren that medicines should be taken as prescribed and that not every illness requires drug treatment. With WHO’s support, European countries are creating a new role for the community pharmacist, that of providing information on medicines to both physicians and patients.

The balance is necessarily different in the nutritional field. While it is vital to train health professionals to understand the principles of sound nutrition, in this case the market should be shaped by the informed consumer. The information the consumer needs, even on such a relatively simple matter as food quality, has changed entirely during the last few decades. There was a time when people in Europe, as elsewhere,
could judge the products they were going to buy by touching, smelling and looking at them. Today’s customers, however, are largely dependent for the information they need on what is printed on labels; most food is packed in plastic and cardboard.

Policy and regulation

Health education and promotion cannot succeed in the absence of carefully conceived national policies that tackle the basic economic and industrial questions relating to food and drugs.

In Europe, national pharmaceutical policies have been largely influenced by a series of disasters in which some drugs caused harm out of all proportion to their usefulness. The most tragic of these involved the hypnotic thalidomide, which produced serious malformations in unborn children when used in pregnancy and engendered restrictive legislation in many countries. Laws demanding that drugs be proven reasonably efficacious, safe, well made and truthfully promoted have given the public significant protection. Measures to keep the costs of prescribing under control have also had an effect. However, neither type of measure can provide a guarantee of safe treatment or good value; both should be complemented by well-presented information, common sense and sound research, and should be underwritten by manufacturers, health professionals and patients.

National food and nutrition policies in Europe are of relatively recent origin. Since 1975 eight European countries have adopted such policies and have backed them with parliamentary mandates for action. Many more countries have taken measures aimed at securing a wide choice of food of high quality for their populations. Political mandates are important, providing a permanent basis for watchfulness and action by all concerned with promoting good health through good nutrition, namely the food industry, official bodies and consumers. They are also rendered necessary by the complexity of the modern food supply chain.
which it is difficult for the individual consumer to monitor. Consumer protection can largely be provided through voluntary schemes run by well-meaning producers and manufacturers, but in certain areas it is desirable to have regulations that set standards and ground rules, as with labelling and quality assurance.

A food and nutrition policy with a political mandate should extend to the entire food network, providing action in agriculture, food manufacturing, the retail trade, mass catering, and the promotion of healthy demand. This requires analysis, information, education, balanced policies and rules, and certain basic services. Government action should be guided by nutrition councils, which, depending on the availability of suitably trained manpower, may also be able to advise educators, regulators and industry.

Europe’s heterogeneity makes it a laboratory where one can compare the effects of different health practices, life-styles and policies. However much the continent becomes politically and economically unified in the coming years, much of its diversity is likely to remain. This should provide watchful policy-makers with continuing challenges and opportunities to advance the cause of public health.

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**Getting the right treatment**

When a doctor or other health worker gives you one or more drugs, you want to be sure that these will be safe and effective for your particular complaint. In practice this is not always easy because prescribing is a complex procedure involving many steps in decision-making. Doctors and other health workers need to know not only which drug to prescribe for you but also how much of it you should take. This will depend on many factors such as your weight, age, ethnic origin, any other disease you may have, and any other medicines you may be taking.

...Sadly, in many countries health workers (including doctors) often do not have up-to-date knowledge of the drugs they prescribe, and this leads to a great deal of unsafe and inappropriate medication. Governments and families will often spend scarce resources on unnecessary drugs.

...WHO collaborates with countries through a wide range of information, education and training activities to improve prescribing practices and ensure that people always receive the correct medication. The Action Programme on Essential Drugs assists countries in the development of therapeutic manuals, standard treatment guides based on national essential drug lists, and training materials.

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