

What a role for the EU in preventing NCDs?

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outline

1. Where do we stand?
2. Where should we stand?
3. How to get there?

historically the EU has been regulating

Tobacco

Alcohol

Food

as **goods** that had to circulate freely

now increasingly interested in
reducing their *consumption*

the resulting health gaps inconsistent
with some of EU core values:

Solidarity

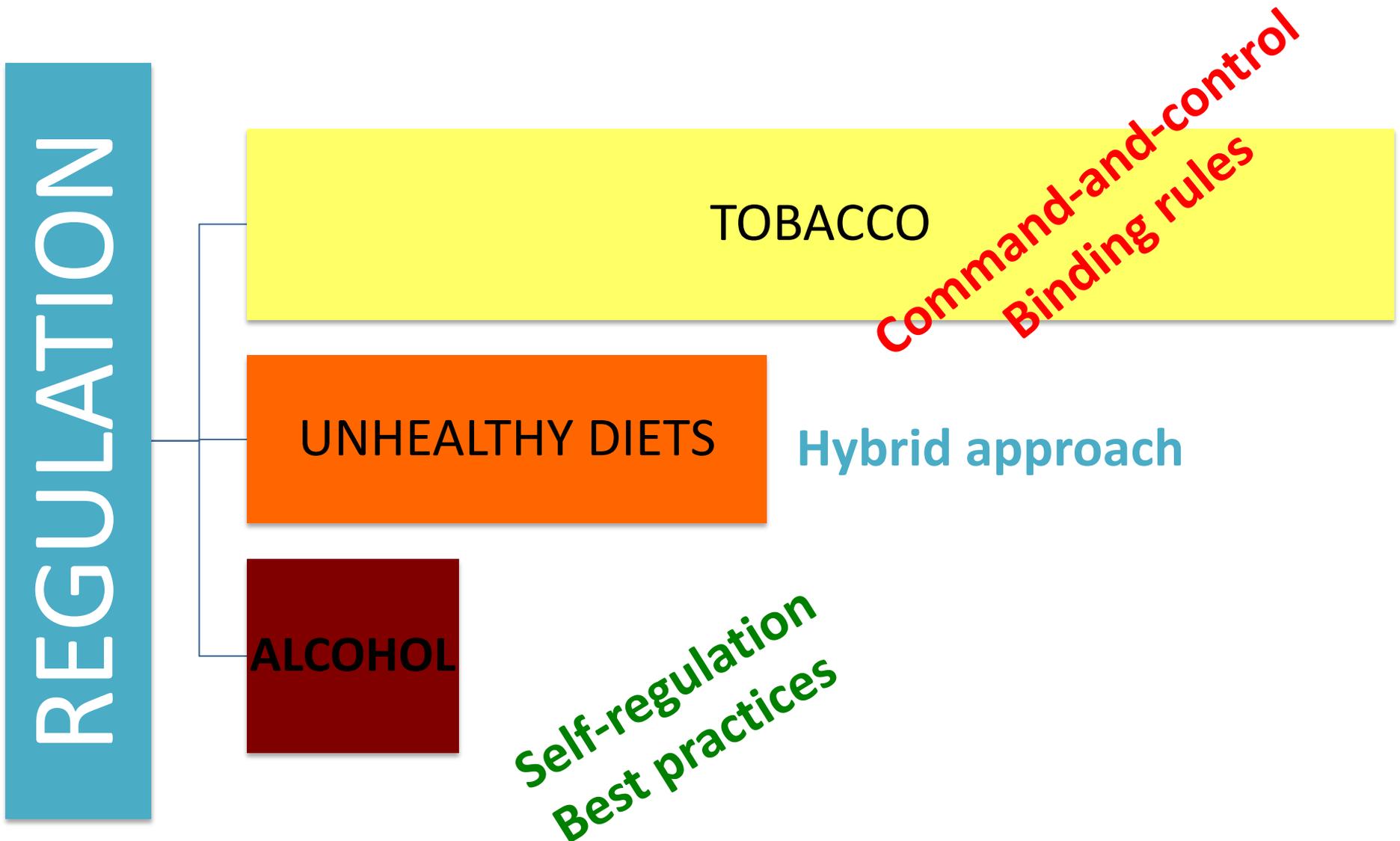
Equity

Universality

1.

Where do we stand

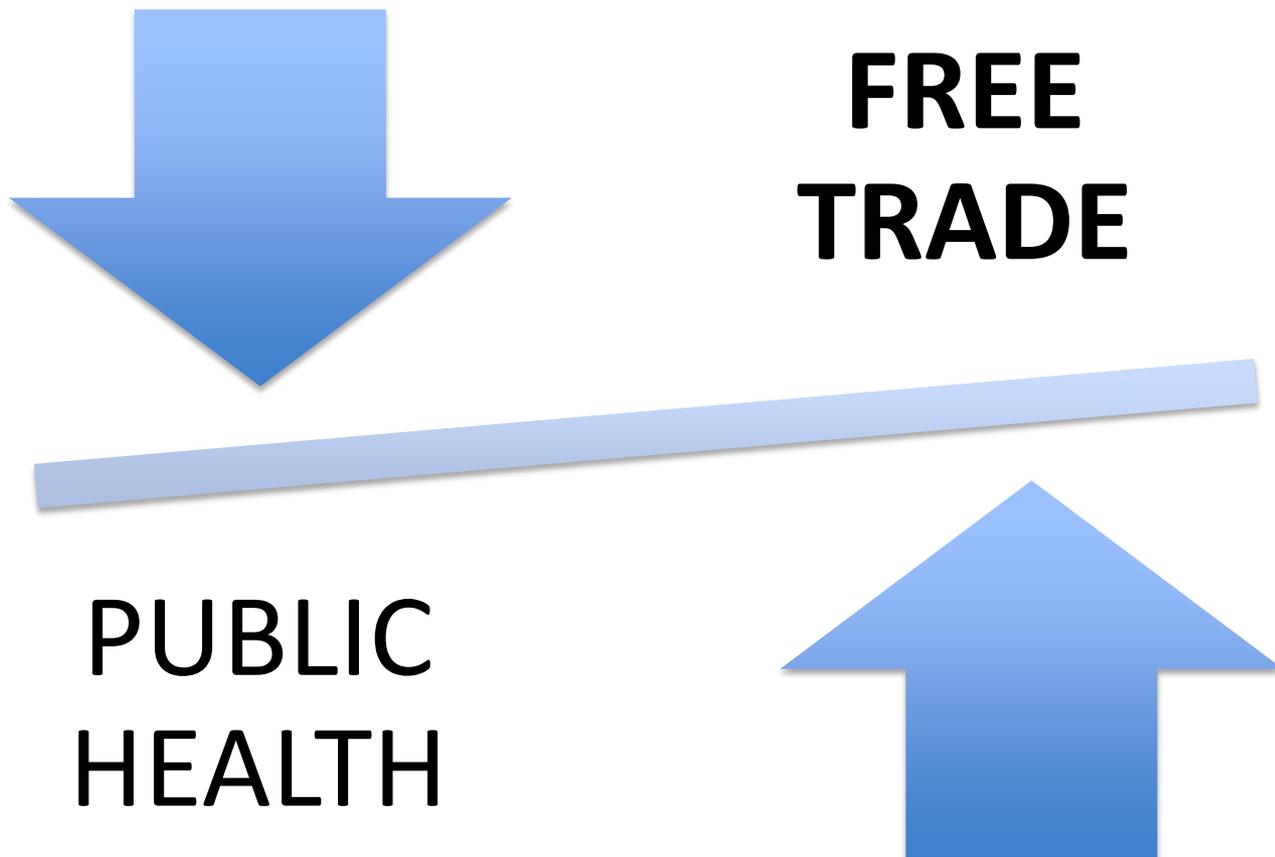
EU action varies in nature, scope and intensity depending on the **risk factor**



Why we ban marketing of tobacco but
not restrict that of alcoholic beverages?
(same evidence base)

Why we mandate provision of information for
food and beverages but not for that of alcohol?

no plausible legal reasons



**FREE
TRADE**

**PUBLIC
HEALTH**

Court of Justice of the EU

“it is perfectly legitimate for the EU legislator to pursue **simultaneously** internal market and public health objectives”

EU “**cannot** be prevented from relying on that legal basis **on the ground that public health protection is a decisive factor** in the choices to be made”

2.

Where should we stand

2025 GOAL
PREMATURE
MORTALITY

25%
REDUCTION

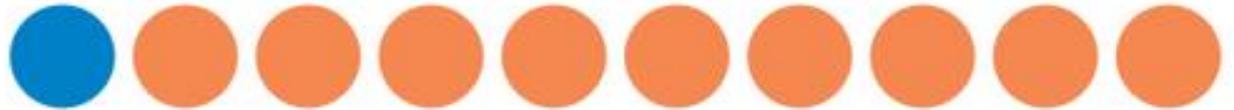


9 WHO targets to reduce NCDs

Harmful use of alcohol:
Reduce by 10%



Physical inactivity:
Reduce by 10%



Sodium intake:
Reduce by 30%



Tobacco consumption:
Reduce by 30%



Raised blood pressure:
Reduce by 25%



Drug therapy & counselling:
50 coverage%



How to attain those targets?

THE LAW

more precisely

'regulatory mix'

evidence-based
effective and cost-effective
population wide and individual
multisectoral
multi-stakeholder
multilevel
affordable

through 'the implementation of international agreements and strategies, and education, legislative, regulation and fiscal measures'

complex & multifactorial

Individual



Environment



legitimacy
legality
design
effectiveness

of any regulatory intervention

CONTESTED



Open the Tool Box

Nuffield intervention ladder

Eliminate choice: regulate to eliminate choice entirely.

Restrict choice: regulate to restrict the options available to people.

Guide choice through disincentives: use financial or other disincentives to influence people to not pursue certain activities.

Guide choice through incentives: use financial and other incentives to guide people to pursue certain activities.

Guide choice through changing the default: make 'healthier' choices the default option people.

Enable choice: enable to change their behaviours.

Provide information: inform and educate people.

Do nothing or simply monitor the current situation.

Greater levels of intervention

Toolbox of EU lifestyle regulator

bans

fiscal measures

limits on product availability

marketing restrictions

disclosure requirements

self- and co- regulation



common objective

promoting healthier lifestyles
by **reducing exposure** to
a given risk factor

Toolbox of EU lifestyle regulator

bans

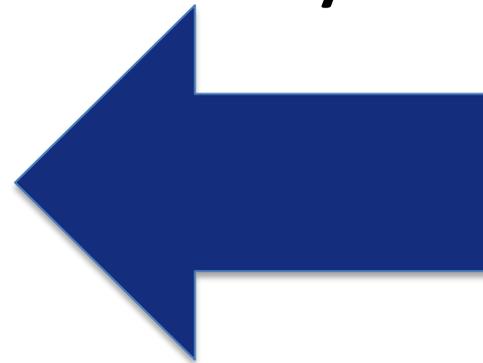
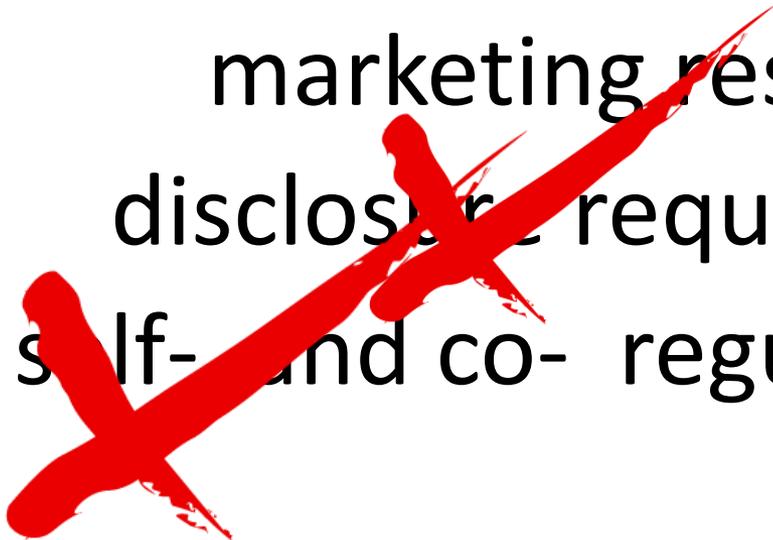
fiscal measures

limits on product availability

marketing restrictions

disclosure requirements

self- and co- regulation



3.

How to get there?



Law not only a source of
constraints,
but an **opportunity**

opportunities

- **EU tobacco control** as a blueprint
 - combining incentive-based, disclosure and behaviorally informed mechanisms
- **Fundamental right to health**
 - what this right entails
 - how it can be operationalized to promote healthier lifestyles

not only policy & legal skills...

- Embrace **strategic science** with policy impact
 - address knowledge gaps
 - engage with agents for change
- Mobilize **EU civil society** on *salient issues*
- Harness **social media** and build new alliances

not **whether** but **how**

the **EU** can tackle NCDs

LAW is NO PANACEA

BUT

value of legal intervention

AND

evidence base **requires ACTION**