Correspondence

Chantal Blouin and colleagues (Feb 7, p 502) provide a theoretical framework linking trade liberalisation and health outcomes. A basic feature of their model is that it only takes account of the negative effects on health. We submit that Blouin and colleagues should explicitly allow for potentially favourable effects.

From a systemic perspective, it is plausible and useful that such conceptual models allow for positive and negative effects, whether regulatory or compensatory, intended or unintended. From an observational perspective, a series of negative effects of trade liberalisation on health have been described, although the interpretation still needs further clarification. But some evidence also points to favourable effects.

Life expectancy rapidly increased after the shift from saturated fats (eg, butter, lard) to unsaturated fats (vegetable oils) and increased availability of fruits and vegetables.

The food industry has become more willing to reduce the salt content of selected foodstuffs under pressure from various health organisations. Better health at population level could also result from improved food security as a result of the higher standards demanded by globalised production and distribution.

The global effects of trade liberalisation on health are still largely unknown. In this context, it is probably sensible to develop and use conceptual models that take account of both positive and negative effects.

We declare that we have no conflicts of interest.

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Negative and positive effects of trade on health

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Alcohol misuse: local innovations are also important

Your Editorial on alcohol misuse (Feb 7, p 433) highlights the need for a global response aimed mainly at preventing overconsumption. Our experience in West Lothian, UK, has shown that local initiatives are also essential in the prevention and management of alcohol misuse. The project described below is part of a whole-population approach based on research by WHO.

Operation Floorwalk involves schools, police, voluntary organisations, local authority, and the National Health Service. A team of individuals from these organisations identifies local “hot spots” of youth drinking that are then targeted during afternoons and early evenings. Young people younger than 16 years who are under the influence of alcohol are taken to a police station for their safety. The young people and their parents or carers are then counselled and offered further support through the voluntary sector, either in the form of specialist alcohol advice, social skills training, or group work.

To date, almost 300 young people have been through this innovative programme. Information gathered from the young people has helped reveal the high levels of need in this population, ways that young people obtain alcohol, and young people’s views on alcohol. Short-term data on outcomes in 100 of these young people show that 74 participants reported reduced alcohol intake. For some individuals, the support offered through the programme had a major positive effect—for example, one participant was helped to return to education after a long absence from school.

Operation Floorwalk has therefore highlighted the importance of local initiatives and support for individuals.

We declare that we have no conflicts of interest.

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