Anon 13

1. The definition of public health

- Do you agree with the definition of public health introduced above ("[W]hat we, as a society, collectively do to assure the conditions for people to be healthy"[1])? If not, please explain why. What alternative definition would you propose?

The ▉▉▉ agrees as it makes clear the collective effort to improve conditions

2. Obesity

- Food is closely linked with individual satisfaction and lifestyle. This means that any strategy that seeks to change people's behaviour is likely to be perceived as particularly intrusive. How should this sensitivity be considered in devising policies that seek to achieve a reduction in obesity?

   Apart from some cultural and aesthetical preferences there are no ethical issues the ▉▉▉ is aware of that set ethnic minorities fundamentally apart from the majority of the population in relation to obesity.

   Obviously policies should be devised to take into account sensitivities in terms of naming and approaching the issue and what exercise options are more valued in some communities than others.

   Data from the DTI indicate that 22.2% of men and 23% of women are obese. Women of Caribbean origin are the most likely to be obese with 50% of those aged 55 or more falling into this category (Department of Trade and Industry 2002).

   Given that certain ethnic groups are more prone to obesity, there is a strong argument to develop culturally sensitive approaches that prove to be effective, such as exercise by prescription could be promoted, provided they are appropriate leisure facilities.

Smoking

- Smokers argue that they choose to smoke. What rights does the state have to impose sanctions to prevent them from smoking? Does the state have the right to prevent the sale of tobacco, which is known to be addictive and highly dangerous? How vigorously is it reasonable for the state to act to prevent children and teenagers from smoking?

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[1]   (Institute of Medicine (1988) *The Future of the Public Health* (Washington, USA: The National Academies Press).

The ███ is not aware of any fundamental ethical issues that would set ethnic minorities apart from the majority of the British population.

However data on smoking indicate that rates are higher among black and minority ethnic men including black Caribbean men (35%) and white Irish minority ethnic men ((39%), and especially Bangladeshi men (44%) compared to 27% of the general population. Also 38% of men in the age range of 20-24 smoke compared with 34% of women (DoH 2005).

Given this data, it may be prudent for the government to introduce early interventions to ban smoking through programmes within schools, colleges and universities to prevent children and teenagers from taking up smoking.

3. Alcohol

- The effects of excessive consumption of alcohol on the health of individuals and society have been known for a very long time. It can be argued that in view of the significant harm to individuals and society, comprehensive measures by governments to prevent harm are lagging behind those for tobacco. In your view, what are the reasons for this?

- In view of the impact of excessive consumption of alcohol on individuals and society, what are the roles and responsibilities of agents other than the government to limit consumption? Are there different responsibilities for producers and, for example, retailers? If so, which?

Given that alcohol is prohibited in some religious traditions that are prominent amongst ethnic minority communities, research indicates that there is strong support amongst most ethnic minority communities for more rigorous and firm action from government on alcohol marketing and consumption.