PRESIDENT'S COLUMN

Whenever I introduce a course in community medicine for medical students, I try to catch their attention with an example of a public health topic that happens to be front page news, if not the same day, at least during the previous couple of days. I do this a few times a year, and it has so far never failed. Public health issues often form headline news, whether it is new findings on risk factors in everyday life, new remedies for major health problems or complaints about deficiencies in the access to or delivery of health services.

The media coverage on public health issues is a challenge to public health scientists. How shall we present our results without risking headlines that make too far-reaching conclusions from our findings? How active should we be in trying to rectify or rebut statements we think are wrong or misleading? How much time shall we spend on communicating results to a wider audience? There are certainly arguments for both an active and a more careful attitude towards mass media.

On the one hand, if findings from public health research never reach the public - either directly or indirectly - are we justified in calling it public health research? On the other hand, good science requires independent and careful scrutiny of facts and figures. Compliance with the media's interest in first-hand access to even preliminary data and selective interest in spectacular findings may easily distract us from our main task of providing evidence for adequate public health policy.

Although public health science is the main focus of EUPHA's aims and activities, we have to form links to teaching and to public health policy. In this spirit, three European associations, EUPHA, ASPHER (Association for Schools of Public Health in the European Region) and EPHA (European Public Health Alliance) have for some time been discussing the possibilities of forming a European Public Health Platform. The three associations have their focus on public health science (EUPHA), public health education (ASHER) and public health policy and promotion (EPHA). EUPHA and ASPHER have already started collaboration on some projects and joint conferences. Some of us have had preliminary discussions with EPHA, but the Governing Council of EUPHA has asked for more information about the alliance before taking more concrete steps in forming the platform with all three associations. It is clear that a closer collaboration of associations with these different types of profiles should strongly increase the possibilities to influence public health issues at the European level.

Drug policy happens to be the topic that forms headline news during the days in the beginning of June, when I write this column. In connection with the United Nation's extra session on drug policy, an advertisement in the New York times, signed by more than 650 persons from all over the world attracted widespread attention. One of the main points in the advertisement was that the 'war against drugs' created more harm than the drugs themselves. Replies that repeated the number of drug addicts and drug related deaths all over the world, and all other harm that resulted from drug abuse, soon followed. And the debate between 'drug liberals' and the 'restriction line' was on again. So, where is the evidence? About a year ago I was asked by a governmental office to review the evidence regarding controlled distribution of heroin to drug addicts, the 'Swiss experiment' and similar ones. There was a number of studies on the effects on individual and group level, but nothing at all on community level, e.g. effects on attitudes and behaviour towards drugs in general, effects on belief and policy within the communities that had adopted these 'experiments'.

The European scene offers an interesting laboratory for comparative studies on drug policy and the effects of various schemes and regulations. Bruxelles and Amsterdam are two cities comparable in many ways but with very different drug policies. I have not heard of comparative studies such as the ones comparing Vancouver and Seattle regarding hand gun deaths and Malmö and Copenhagen regarding both lifestyle and mortality. This is the type of collaborative research that EUPHA is in a particularly good position to stimulate and promote.

We are in the process of setting up a network and some kind of database of public health scientists in the European countries. Several ongoing projects make use of the strong and diverse competencies we have in various public health fields. However, I have the feeling we could make more use of the different European countries and communities for comparative studies in public health.

Peter Allebeck
President EUPHA