The peremptory sacking in November of last year of David Nutt, the Government’s Senior Drugs Advisor and Chair of the Advisory Council on the Misuse of Drugs, certainly sharpened the debate about the role of scientific advice in shaping policy. As a former advisor to government on sustainable development (as Chair of the Sustainable Development Commission), I couldn’t help but reflect on my own experiences in monitoring the fortunes of ‘evidence-based policy making’, including the unedifying site of Ministers occasionally but ruthlessly ignoring evidence when it was unwelcome to them from a policy perspective.

Drugs policy is of course a hotly contested area. David Nutt’s principal issue was over the classification of cannabis, relative to other drugs—including tobacco and alcohol. But it all goes much deeper than this. Since the introduction of the Misuse of Drugs Act back in 1971, one government after another (as in the United States) has ignored the reality that any ‘war on drugs’ is completely unwinnable and that it makes no sense at all to go on criminalizing problem drug users rather than treating them for their addiction. Criminalizing recreational drug users makes even less sense. Drug dealers are of course a different story, but if we had a different drugs regime (based on treatment and legalized, controlled use), there would be far fewer dealers than there are today. Crime levels would be dramatically reduced, communities far better protected and health costs from drug dependency and abuse made far more manageable.

So many benefits, from a policy maker’s point of view, with very strong evidence to back it up. But ‘politically unsellable’ it would seem, after decades of politicians heroically ignoring the evidence to go on grandstanding their unwinnable war. I suspect that most readers may be struggling to link drugs policy to sustainable development. But for those of us who continue to resist the interpretation of sustainable development as ‘the environment with a few socio-economic knobs on’, drugs policy is as much part of sustainable policy making as air pollution or waste management. That, of course, is the essence of the Government’s 2005 Sustainable Development Strategy, ‘Securing the Future’, which could not be clearer about the ‘twin’ overarching objectives (‘Living Within Environmental Limits’ and ‘Ensuring a Strong, Healthy and Just Society’), as well as about the critical importance of ensuring a sound evidence-based foundation for policy making (Fig. 1).

It is the synergies between these five principles, rather than any one of the five on its own, that best characterize successful policy making within the broad framework of sustainable development. Healthier lives and sustainable environments are inextricably intertwined; the language of sustainable
development and the language of public health and reducing health inequalities may sound very different (we all love our own jargon!), but the ‘outcome’ sought by policy makers overlap to an astonishing degree. However, it is surprising how difficult it has been for Ministers to identify and take advantage of those synergies.

For instance, one of the most shocking failures of the last decade, for me personally, is the fact that there are now more people in the United Kingdom living in fuel poverty than there were in 1997—despite several rock-solid pledges to eliminate fuel poverty from Labour Ministers throughout their time in office. (A household is in fuel poverty if it is spending more than 10% of its combined income on energy ‘to maintain an adequate level of warmth’). It is true that higher energy prices have not helped here, but this still represents a massive policy failure, especially for the 5% of households that are estimated to spend more than 30% of their combined income on energy. According to the most recent English House Condition Survey in 2007, there are 7.7 ‘non-decent homes’ in England, representing around 35% of the housing stock.

The health consequences of this are crystal clear. The British Medical Association’s definitive study in 2003 on ‘Housing and Health: Buildings for the Future’ (edited by Carter and Sharp) details both the physical and mental health consequences from cold and damp housing, overcrowding, indoor pollution and infestation. Vulnerable groups, such as the elderly and children, are most severely affected.

We know all this. We have known it for decades. And we know what to do about it—in terms of increased comfort through insulation, better controls, improved ventilation and lighting, the elimination of toxic finishes and materials and so on. And we now know we need to do all that anyway to help combat climate change. But progress on retrofitting existing housing stock has been paralyzingly slow, with evidence from other countries (particularly Germany) that it makes far more sense to...
address this challenge on a ‘whole-area’ basis rather than on a ‘unit-by-unit’ basis (as is the case with the current mix of government measures) largely ignored until a few months ago.

It’s not that Ministers have ever actively denied this evidence: they have just let it quietly moulder away. Synergy is not so much overlooked as studiously spurned. And I would argue the same with the clear win–win benefits of ‘actively and systematically’ promoting healthier lifestyles.

I stress the ‘actively and systematically’ bit, simply because the Government has had all sorts of shiny strategies for addressing physical inactivity going back over many years. But there has been no priority attached to these, with GPs and Primary Care Trusts (PCTs) left pretty much to their own devices in terms of commissioning appropriate interventions to promote physical activity. Despite the many health benefits associated with a physically active lifestyle, only 40% of adult men and 28% of adult women meet the recommended level of 30 min of moderately intense physical activity on at least 5 days a week. That leaves 27 million adults in England alone who are not doing enough to improve their own health.

The costs of this physical inactivity are massive—in terms of treating long-term conditions, associated acute events (such as heart attacks, strokes, falls and fractures), as well as all the costs of extended social care from the loss of functioning capacity. On average, an inactive person spends 38% more days in hospital than an active person and has 5.5% more family physician visits, 13% more specialist services and 12% more nurse visits than an active individual. Including the indirect costs to the wider economy (such as working days lost to sickness, absence and premature mortality) results in a total bill for physical inactivity that may be as high as £8 billion every year.

That may be about to change. Based on recommendations from NICE (National Institute for Health & Clinical Excellence), which has endorsed physical activity interventions in primary care as both clinically effective and cost-effective, the Department of Health has just issued its brand new care pathway—‘Let’s Get Moving’. As it says:

There is compelling economic and clinical evidence for investment in the promotion of physical activity in primary care through brief interventions. In terms of return on investment, NICE established that a brief intervention for physical activity in primary care costs between £20–440 per quality-adjusted life year (QALY) when compared with no intervention, with net costs saved per QALY gained of between £750–£3150.

After detailed feasibility studies carried out by the British Heart Foundation in 14 surgeries, the ‘Let’s Get Moving’ programme is now up and running with a full training package for service providers (it can be commissioned either by PCTs or through practice-based commissioning) and a fancy support pack for patients. And that should encourage all health practitioners (through their Director of Public Health or GP Practice) to become more actively involved in helping to shape the physical environment in which they live and work. Far too many planning decisions still militate against the need to put walking and cycling absolutely at the heart of any community strategy in our towns and cities. The healthy environment has to be an ‘active’ environment, as emphasized very strongly by the Secretary of State Andy Burnham in banging the drum for the importance of physical activity as a critical element in the National Health Service delivering on its quality and efficiency commitments.

Hallelujah! But how can it have taken so long to do the blindingly obvious? The evidence was there for the Department to do all that back in 1997. Which does not bode well when addressing a much more controversial area of joined-up policy making—namely, reducing levels of meat consumption.

The evidence is incontrovertible. Reduced levels of meat consumption would bring substantial health benefits, huge environmental benefits, make a substantial contribution to reducing emissions of greenhouse gases and improve the lot of countless farm animals. The kind of win–win–win–win synergy that is rarely available to policy makers!
I won’t bore readers with a recapitulation of the health benefits, particularly as they relate to the growing problems of obesity, as these will already be well known to you. But the climate change benefits will be less familiar—as evidenced by the startled reaction to comments in the *Times* from Lord Stern (the guru of climate change economics) back in October last year, when he cited meat consumption as a major culprit in exacerbating climate change: ‘Meat is a wasteful use of water, and creates a lot of greenhouse gases. It puts enormous pressure on the world’s resources. A vegetarian diet is better.’ The ensuing wrath of the industry was something to behold!

The inconvenient truth, however, is that Lord Stern is right. The livestock and dairy industries contribute between them roughly 18% of total greenhouse gas emissions. That is almost exactly the same volume of total greenhouse gas emissions resulting from continuing deforestation. After years of neglect for this area of policy, what is now known as REDD (Reducing Emissions from Deforestation and Degradation) is now very high up on the list of policy priorities, with a strong focus on potential solutions at the Copenhagen Conference. By contrast, policy makers’ attention to the 18% from meat-eating is as close to zero as it is possible to get.

Yet according to the Food and Agriculture Organisation, total global meat consumption is projected to grow from 240 million tonnes today to 376 million tonnes in 2030 and to 465 million tonnes in 2050. Doubling consumption over the next 40 years will require the growing of at least 1 billion tonnes of additional feed—with massive knock-on consequences for populations in literally dozens of countries.

Domestically, there would undoubtedly be substantial consumer resistance to any concerted measures to reduce average meat consumption. The majority of people rather likes their meat, and a substantial minority likes it a lot. It has taken years to raise concerns about the health effects of excessive meat consumption, and education campaigns to date have had little effect.

So I suspect that we can reasonably assume that there will be little official progress on the meat consumption front for some time to come. But I have no doubt, against the backdrop of that policy vacuum, that campaigns (such as the ‘Eat Less Meat’ campaign coordinated by Compassion in World Farming) will have a growing impact as individuals take decisions on their own behalf that politicians lack the courage to make on behalf of the population as a whole—despite their notional passion for evidence-based policy.